

Case Number:	CM14-0049212		
Date Assigned:	07/02/2014	Date of Injury:	12/13/2001
Decision Date:	08/26/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	04/15/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The records, presented for review, indicate that this 44-year-old female was reportedly injured on December 31, 2001. The mechanism of injury was noted as a slip and fall. The most recent progress note, dated February 5, 2014, indicated that there were ongoing complaints of bilateral knee pains. The physical examination demonstrated tenderness at the medial and lateral joint lines of the right knee and medial joint line tenderness of the left knee. There was no ligamentous laxity and mild patellofemoral crepitus. Diagnostic imaging studies revealed a tear of the medial meniscus and medial condyle chondromalacia of the left knee. An MRI of the right knee showed an osteochondral lesion in the medial femoral condyle. Previous treatment included left and right arthroscopic knee surgery, cortisone injections and physical therapy. A request had been made for Terocin.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Terocin (duration and frequency unknown):

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines : Topical Analgesics: Terocin.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 111-113.

Decision rationale: Terocin topical pain lotion is a topical analgesic ointment containing methyl salicylate 25%, capsaicin 0.025%, menthol 10%, and lidocaine 2.50%. The California MTUS notes that the use of topical medications is largely experimental and there have been few randomized controlled trials. It further goes on to note that topical lidocaine is a secondary option for neuropathic pain when trials of antiepileptic drugs or antidepressants have failed. Based on the clinical documentation provided, the injured employee did not have any complaints of neuropathic pain. Furthermore the California MTUS states that when a single component of the compounded medication is not indicated, the entire medication is not indicated. As such, this request for Terocin is not medically necessary.