MAXIMUS Federal Services

Case Number:	CM14-0051288		
Date Assigned:	06/23/2014	Date of Injury:	06/23/2011
Decision Date:	07/18/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	03/21/2014

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 Occupational Medicine and is licensed to practice in California. 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 applicant has filed a claim for bilateral knee pain reportedly associated with an industrial injury of June 23, 2011. Thus far, the applicant has been treated with the following:Analgesic medications; unspecified amounts of physical therapy; x-ray imaging of the bilateral knees of July 24, 2013, notable for bilateral degenerative joint disease; and topical agents. In a utilization review report dated March 10, 2014, the claims administrator denied a request for Terocin patches on the grounds that the applicant did not have neuropathic pain for which Terocin would be indicated. The applicant's attorney subsequently appealed. The applicant's medications list was not described on several physical therapy progress notes interspersed throughout late 2013. On a physical therapy progress note of October 21, 2013, the applicant was described as having persistent complaints of knee pain. It was not clearly stated whether or not the applicant had returned to work as an inventory clerk. The applicant received a variety of passive modalities including ice and transcutaneous electrical nerve stimulation (TENS).

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin patch: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals Page(s): 105, 112-113.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47,Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111.

Decision rationale: No, the request for topical Terocin patches is not medically necessary, medically appropriate, or indicated here. As noted in the MTUS-adopted ACOEM Guidelines in chapter 3, page 47, oral pharmaceuticals are the first-line palliative method. In this case, there is no evidence of intolerance to and/or failure of multiple classes of first line oral pharmaceuticals so as to justify usage of what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems largely experimental topical compounds such as Terocin. No rationale or justification for selection of this particular medication was provided. Therefore, the request is not medically necessary.