

Case Number:	CM14-0059956		
Date Assigned:	07/09/2014	Date of Injury:	01/09/2013
Decision Date:	09/10/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	04/30/2014

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 & Rehabilitation and is licensed to practice in Texas & Oklahoma. 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 injured worker is a 34-year-old male who reported an injury on 01/09/2013, due to unknown mechanism. The injured worker's diagnosis was chondromalacia. The injured worker's past treatments included physical therapy, and knee brace. The injured worker underwent a knee injection on 01/10/2014. Prior diagnostics were imaging study of the left knee revealed no evident of meniscal tear. The injured worker is status post left knee arthroscopy on 03/25/2014. The injured worker's complaints were left knee pain and pain increased with standing, and walking. On physical examination dated 04/07/2014, there was tenderness, swelling, and ecchymosis present at the surgical site of the left knee. The injured worker's medication was Norco 10/325 one tablet every 4 hours as needed for pain, and Terocin lotion. Provider's treatment plan was for Terocin lotion 3 times a day to 4 times a day as needed. The rationale for request was not submitted with documentation. The Request for Authorization form was submitted with documentation provided for review, dated 04/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Lotion: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 105, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 12th Edition (web), 2014, Chronic pain - Salicylate topicals.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111, 28, and 105. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://en.wikipedia.org/wiki/Menthol>.

Decision rationale: The request for Terocin lotion is non-certified. According to California MTUS Chronic Pain topical analgesic guidelines, topical analgesics are recommended as an option but they are largely experimental in use with few randomized control trials to determine the efficacy or safety of the topical ointment. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Terocin topical lotion contains, lidocaine, Capsaicin, and methyl salicylate as its ingredients. Lidocaine is indicated for neuropathic is recommended for localized peripheral pain after a failed attempt of antidepressants and/or antiepileptic drugs therapy, such as gabapentin or Lyrica. Topical lidocaine is supported in the formulation of a dermal patch (Lidoderm) and has been designated for orphan status by the FDA for neuropathic pain. Capsaicin recommended only as an option in patients who are intolerant to other treatments. Capsaicin is generally available as a 0.025% formulation as a treatment for osteoarthritis, and a 0.075% formulation primarily studied for post-herpetic, neuralgia, diabetic neuropathy and post-mastectomy pain. There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. Guidelines state topical salicylate is significantly better than placebo in chronic pain. Menthol has local anesthetic and counterirritant qualities, and it is widely used to relieve minor throat irritation. Menthol also acts as a weak kappa opioid receptor agonist. The clinical records submitted for review lack documentation that the injured worker was having any kind of neuropathic pain, as well as a failed trial of antidepressants and anticonvulsants. The clinical information provided failed to indicate the injured worker was intolerant to other treatments to support the use of Capsaicin. Given the topical compound includes Capsaicin and Lidocaine which are not recommended in this situation, the request is not supported. As such, the request is non-certified.