

<b>Case Number:</b>	CM14-0061603		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	03/05/1993
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	04/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/02/2014

### 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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and 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 of unknown age, male, who reported an injury on 03/05/1993; cause by an unspecified mechanism. Per clinical note dated 03/25/2014, the injured worker was status post right total knee arthroplasty revision x 1 year. No diagnosis was provided. The diagnostic studies included a right knee x-ray that revealed a stable right knee total arthroplasty with no loosening or migration. Per the clinical note dated 03/25/2014, the physical examination revealed no acute distress, skin was intact with no edema, sensation was intact distally, and 2+ dorsalis pedis and posterior tibial pulses, and of motion to the right knee was 0 to 110 degrees with no instability throughout range of motion. The injured worker walked with a normal gait. No medications were provided within the clinical notes. The injured worker reported his pain a 1/5 in severity that did not radiate down his right lower extremity. The plan of care was to include activities as tolerated and a prescription for an anti-inflammatory compound cream to alleviate any postoperative pain. The Request for Authorization form was not provided in the documentation submitted. The rationale for the Terocin cream was to alleviate any postoperative pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One prescription for Terocin cream #240 mL: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 105, 111-112.

**Decision rationale:** The request for Terocin cream 240 mL is non-certified. The California MTUS indicates that topical analgesics that have any compounded product that contains at least one drug or drug class that is not recommended are therefore, not recommended. The use of compound agents requires knowledge of the specific analgesic effects of each agent and the use of its therapeutic goal. Terocin cream includes the compounds of capsaicin, methyl salicylate, and menthol. Because topical analgesics are largely experimental in use with few randomized, controlled trials to determine efficacy or safety. The request did not indicate the frequency. As such, the request is non-certified.