

Case Number:	CM14-0072542		
Date Assigned:	07/16/2014	Date of Injury:	06/05/2001
Decision Date:	09/30/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/19/2014

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 Emergency Medicine and Fellowship Trained in Emergency Medical Services and is licensed to practice in Texas. 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 68-year old male who reported an injury on 06/05/2001 due to an unknown mechanism of injury. The injured worker was diagnosed with right knee internal derangement, traumatic osteoarthritis, knee sprain/strain, and chondromalacia patella. The injured worker was treated with medications and a home exercise program. The injured worker's medical records did not indicate diagnostic studies to have been performed. The injured worker underwent a right knee arthroscopy previously. The clinical note dated 01/29/2014 noted the injured worker complained of continued right knee pain with instability rated 7-8/10. The clinical note dated 02/07/2014 noted the injured worker had tenderness of the right knee at the joint line, positive patellar compression test, and pain with terminal flexion and crepitus. The injured worker was prescribed naproxen 550mg, Ondansetron 8mg, omeprazole 20mg, tramadol HCL ER 150mg, and Terocin patch on clinical note dated 04/24/2014. The treatment plan included Terocin Patch/topical for the treatment of mild to moderate/acute or chronic pain. The request for authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Patch / topical for the tx of mild to moderate / acute or chronic pain: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

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

Decision rationale: The California MTUS guidelines primarily recommend topical analgesics for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines state that any compounded product that contains at least one drug that is not recommended is not recommended. Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy, such as gabapentin or Lyrica. No other commercially approved topical formulations of lidocaine creams, lotions or gels are indicated for neuropathic pain except for Lidoderm. The requested medication contains 4% lidocaine and 4% menthol which is not a formulation of lidocaine the guidelines recommend. The injured worker's medical records lack documentation of the efficacy of the medication, the time frame of efficacy, and the functional improvement that the medication provides. The injured worker has been prescribed Terocin patch since at least 12/13/2013. Additionally, the request does not indicate the quantity, site of application, or frequency of the medication. As such, the request for Terocin Patch / topical for the TX of mild to moderate / acute or chronic pain is not medically necessary.