

Case Number:	CM14-0077991		
Date Assigned:	07/18/2014	Date of Injury:	12/26/2006
Decision Date:	08/25/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/27/2014

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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in California and 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 injured worker is a 53-year-old male who had a work related injury on 12/26/06. There is no documentation of mechanism of injury. The most recent medical record submitted for review is dated 01/28/14. The note stated that he was originally authorized for a total knee arthroplasty on the left, which is now being denied as the qualified medical evaluator states that it is related to his rheumatoid arthritis. The injured worker continues to complain of neck pain which is constant at the base of the neck and radiates to the upper extremities. He notes numbness and tingling in both shoulders. He notes pain with limited range of motion. He notes popping and clicking and is unable to sleep on either side. He has constant bilateral wrist and elbow pain with limited motion, swelling and stiffness. He has bilateral knee pain, most significant on the left with swelling, limited range of motion, weakness and instability. Physical examination notes indicate the injured worker has difficulty ambulating and arising from a seated position. The cervical spine examination revealed flexion is 35 degrees, extension 40, and rotation 60 degrees bilaterally. There is 1+ tenderness of the paracervical muscles. Axial compression produces pain to the upper trapezius and shoulders. Spurling's test is negative. Examination of the right shoulder reveals forward flexion is 0-140 degrees. Abduction is 120 degrees. External rotation is 40 degrees. Internal rotation is 50 degrees. Examination of the left shoulder notes that forward flexion is 130 degrees. Abduction is 110 degrees. External rotation is 35 degrees. Internal rotation is 40 degrees. There is significant crepitus with Hawkins and Neer tests as well as pain bilaterally. He was positive for empty can sign and weakness of the rotator cuff, rated 4/5 bilaterally. Apprehension test is negative. Examination of the right elbow reveals extension lacks 10 degrees. Flexion is 120 degrees. Exam reveals multiple rheumatoid nodules posteriorly. There is tenderness along the anterior and posterior capsule, and slight laxity and posterolateral and medial instability. There is significant deformity of the hands, primarily the

metacarpophalangeal joint, secondary to rheumatoid arthritis. There is limited wrist range of motion bilaterally, with flexion approximately 35-40 degrees, and extension to 40 degrees. Radial deviation is 10 degrees and ulnar deviation is 15 degrees with crepitus. Examination of the left knee reveals 1+ effusion. There is no erythema or warmth. Range of motion is -10 to 100 degrees. There is significant joint line tenderness and crepitus with flexion and extension. There is 1+ laxity of the medial collateral ligament, quadriceps atrophy and 1+ anterior drawer sign. Examination of the right knee reveals range of motion is 0-120 degrees. There is mild tenderness along the proximal patellar tendon. There is no effusion. There is no mid-flexion laxity. There is some patellar tracking. The diagnoses are cervical sprain/strain, radiculopathy, status post left shoulder arthroscopy on 09/16/09 with residual rotator cuff tendinosis, sprain/strain right shoulder, rotator cuff tendinosis, subacromial impingement and acromioclavicular joint degeneration, sprain/strain bilateral elbows, lateral epicondylitis and synovitis with a flexion contracture of the right elbow, sprain/strain bilateral wrists and hands, degenerative joint disease primarily in the metacarpophalangeal joints of the 2nd through 5th fingers bilaterally, status post total knee arthroplasty 02/02/11, end stage arthritis, left knee tricompartmental arthritis and probable anterior cruciate ligament tear, and rheumatoid arthritis. A utilization review dated 04/28/14 was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin (Methylsalicylate 0.25%/Capsaicin 0.025%/Menthol 10%) x 2: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Topical Analgesics, and Food and Drug Administration, December 5, 2006, Compounded topical anesthetic creams.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Topical Analgesics.

Decision rationale: The request for Terocin (Methylsalicylate 0.25%/Capsaicin 0.025%/Menthol 10%) x 2 is not medically necessary. The current evidence-based guidelines do not support the use for Terocin cream, because it is largely experimental in use, with few randomized controlled trials to determine efficacy or safety. It is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Documentation does not indicate that is the case here. Therefore medical necessity has not been established.