MAXIMUS Federal Services

Case Number:	CM14-0085352		
Date Assigned:	07/23/2014	Date of Injury:	06/08/1994
Decision Date:	09/29/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	06/09/2014

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 and is licensed to practice in 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 54 year-old female who was reportedly injured on 6/8/1994. The mechanism of injury is not listed. The most recent progress note, dated 4/10/2014. Indicates that there are ongoing complaints of right knee pain the physical examination demonstrated right knee: positive tenderness in the medial/lateral joint line. Range of motion 0-115. No instability noted with ligament testing. Diagnostic imaging studies include a CT scan of the left ankle on 2/12/2014 reveals postoperative changes within the medial malleolus. Retained metal fragment was seen. Osteoarthritic changes throughout the ankle and foot. Previous treatment includes surgery, medications and conservative treatment a request had been made for Terocin cream and was not certified in the pre-authorization process on 5/16/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Cream: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56.

Decision rationale: Terocin is a topical analgesic containing Lidocaine and Menthol. California Medical Treatment Utilization Schedule guidelines support topical lidocaine as a secondary option for neuropathic pain after a trial of an antiepileptic drug or anti-depressants have failed. There is no evidence-based recommendation or support for Menthol. California Medical Treatment Utilization Schedule guidelines state that topical analgesics are "largely experimental" and that "any compound product that contains at least one drug (or drug class) that is not recommended is not recommended". As such, this request is considered not medically necessary.