

<b>Case Number:</b>	CM14-0085460		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	10/03/2000
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	05/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 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 63 year old female injured on 10/03/00 while carrying boxes resulting in low back and knee strain. Diagnoses included right knee osteoarthritis and right knee pes anserine bursitis. Clinical note dated 01/30/14 indicated the injured worker presented complaining of right knee pain and swelling treated with Tylenol extra strength, Lidoderm patch, and Terocin lotion. Physical examination revealed edema and tenderness bilaterally below the patella, right lateral tenderness, and slight edema. The injured worker received eight acupuncture sessions with continued tenderness along the medial joint line. The initial request for retrospective review of Terocin lotion 240mL for date of service 01/30/14 was non-certified on 05/27/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective review, Terocin lotion 240 ml for date of service 1/30/2014.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG, web edition.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals Page(s): 105.

**Decision rationale:** As noted on page 105 of the Chronic Pain Medical Treatment Guidelines, salicylate topicals are recommended in the treatment of chronic pain. This compound is known to contain Capsaicin, Lidocaine, Menthol, and Methyl Salicylate. Topical salicylate (e.g., Ben-Gay, methyl salicylate) is significantly better than placebo in chronic pain. However, there is no indication in the documentation that the injured worker cannot utilize the readily available over-the-counter version of this medication without benefit. As such, the retrospective review, Terocin lotion 240 ml for date of service 1/30/2014 cannot be recommended as medically necessary.