

Case Number:	CM14-0089753		
Date Assigned:	07/23/2014	Date of Injury:	04/21/2010
Decision Date:	11/17/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/13/2014

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 Maryland and Alabama. 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:

Patient suffered an injury on 2010 which resulted in ulnar nerve lesion, and rotator cuff sprain. This patient also underwent left knee arthroplasty with synovectomy, partial medial and lateral meniscectomies and notchplasty on 6/2/14 and currently in therapy. There is a question regarding the necessity and appropriateness of terocin request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Quantity 20: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: Based on the CA MTUS CPMT guidelines, compounds such as terocin are not recommended if one of the compounds in it is/are not approved for the use of the treating pain ; moreover, the it should only be used when trials of antidepressants and anticonvulsants have failed. Therefore the lack of research supporting some components of this medication for the use of this patient's pain, along with lack of trying other medications prior to suggesting terocin make this request medically unnecessary.