

<b>Case Number:</b>	CM14-0094554		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	01/09/2013
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	06/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/21/2014

### 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 records presented for review indicate that this 34-year-old male was reportedly injured on January 9, 2013. The mechanism of injury is not listed in the records reviewed. The most recent progress note, dated June 18, 2014, indicates that there are ongoing complaints of left knee pain. Current medications include Norco and Voltaren. There was a normal left knee physical examination. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes a left knee arthroscopy to include a resection and partial meniscectomy as well as knee injections and physical therapy. A request was made for Terocin lotion and was not certified in the pre-authorization process on June 18, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin lotion times 2 bottles for the left knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, NSAIDS, topical salicylate Page(s): 22, 68, 75, 78, 105, 111,-113. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Salicylates.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 111-113.

**Decision rationale:** Terocin topical pain lotion is a topical analgesic ointment containing Methyl Salicylate 25%, Capsaicin 0.025%, Menthol 10%, and Lidocaine 2.50%. The California MTUS notes that the use of topical medications is largely experimental and there have been few randomized controlled trials. It further goes on to note that topical lidocaine is a secondary option for neuropathic pain when trials of anti-epileptic drugs or antidepressants have failed. Based on the clinical documentation provided, the injured employee has not attempted a trial of either of these classes of medications nor is there a physical examination for findings of neuropathy. Furthermore, the California MTUS states that when a single component of the compounded medication is not indicated, the entire medication is not indicated. As such, this request for Terocin lotion is not medically necessary.