

Case Number:	CM14-0142517		
Date Assigned:	09/10/2014	Date of Injury:	02/04/2009
Decision Date:	01/14/2015	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/03/2014

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 Internal Medicine and is licensed to practice in Maryland. 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 employee was a 56 year old female who sustained an industrial injury on 02/04/2009. The visit note from 08/13/14 was reviewed. Subjective complaints included morning stiffness and pain in left knee that got better as the day progressed. She had difficulty with ascending and descending stairs. She had difficulty keeping her knee bent for longer than 15 minutes at a time. She also had back pain which she rated at 8/10 on a pain scale. She had difficulty with prolonged standing, prolonged sitting and any type of repetitive bending or stooping. There was tenderness to palpation over the paraspinal musculature with 2+ spasms. Straight leg raising test was positive. There was decreased L4 and L5 sensation. There was a sluggish patellar reflex. The left knee had 2 + effusion with medial joint line tenderness, 4/5 flexion and extension strength. Diagnoses included strain of the lumbar spine, osteoarthritis of the left knee and status post arthroscopic meniscectomy of the left knee. The request was for Terocin patches. Current medications included Naproxen, Norco, Nabumetone and Terocin patches. She was not working. Her other treatments included acupuncture, physical therapy and Norflex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Patch #10: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112.

Decision rationale: The employee was a 56 year old female who sustained an industrial injury on 02/04/2009. The visit note from 08/13/14 was reviewed. Subjective complaints included morning stiffness and pain in left knee that got better as the day progressed. She had difficulty with ascending and descending stairs. She had difficulty keeping her knee bent for longer than 15 minutes at a time. She also had back pain which she rated at 8/10 on a pain scale. She had difficulty with prolonged standing, prolonged sitting and any type of repetitive bending or stooping. There was tenderness to palpation over the paraspinal musculature with 2+ spasms. Straight leg raising test was positive. There was decreased L4 and L5 sensation. There was a sluggish patellar reflex. The left knee had 2 + effusion with medial joint line tenderness, 4/5 flexion and extension strength. Diagnoses included strain of the lumbar spine, osteoarthritis of the left knee and status post arthroscopic meniscectomy of the left knee. The request was for Terocin patches. Current medications included Naproxen, Norco, Nabumetone and Terocin patches. She was not working. Her other treatments included acupuncture, physical therapy and Norflex. According to MTUS guidelines, topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Terocin has Menthol and Lidocaine 4%. Topical Lidocaine is recommended for neuropathic pain after there has been evidence of a trial of first line therapy with anti-depressants or anti-epileptic drugs. Formulations that do not involve a dermal patch system, like Lidoderm patch, are generally indicated as local anesthetics and anti pruritics. In addition, there is not enough documentation that she had failed first line antidepressants or anticonvulsants. Hence Terocin patches are not medically necessary or appropriate.