

Case Number:	CM14-0201735		
Date Assigned:	12/12/2014	Date of Injury:	04/17/2014
Decision Date:	01/29/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	12/02/2014

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 Occupational Medicine, and is licensed to practice in California. 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:

Injured worker (IW) tripped on a chair and injured his knee on 04/17/14. Later office notes also document claim of cumulative trauma injuries to multiple body areas in the course of his employment as a janitor. Documented diagnoses include cervical spine pain, cervical radiculopathy, lumbar spine pain, lumbar radiculopathy, and bilateral knee internal derangement. Treatment has included ice, Tylenol, Motrin, Vicodin, Omeprazole, Terocin Pain Patch "for the treatment of minor aches and muscle pains", Methoderm Gel, Xolido Cream, Terocin cream, compounded topical meds, Genicin, Somnicin, Vitamin B12 injection, and TENS unit. Office note indicate no side effects to oral or topical medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Pain Patch #20: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate); Topical Analgesics Page(s):. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic pain - Salicylate topicals, compounded drugs

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals, Topical analgesics Page(s): 105 & 111-113 OF 127. Decision based on Non-MTUS

Citation Other Medical Treatment Guideline or Medical Evidence: Labeling information for Terocin Patch found at <http://www.drugs.com/otc/terocin.html>.

Decision rationale: The active ingredients of Terocin patch include menthol 600 mg and lidocaine 600 mg. Menthol is a topical salicylate found in over-the-counter products such as Bengay and Icy Hot. A previous trial of an over-the-counter topical salicylate is not documented. Lidocaine is a topical anesthetic. MTUS recommends topical lidocaine for treatment of neuropathic pain following trial of a first line agent such as an antiepilepsy drug or antidepressant. A trial of a first-line agent for neuropathic pain is not documented in this case. Based upon lack of documented trial of a first-line agent recommended by MTUS such as oral Gabapentin or an oral antidepressant, medical necessity is not established for use of topical Lidocaine in this case. In addition, Lidoderm patch is the only form of topical Lidocaine recommended for treatment of chronic pain by MTUS. Because Terocin patch contains an ingredient not recommended by MTUS, the medical necessity is not established for the requested Terocin patches.