

Case Number:	CM14-0209723		
Date Assigned:	12/22/2014	Date of Injury:	10/05/2013
Decision Date:	02/24/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabn, Neuromuscular Medicine

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 patient is a 35 year old female with a work injury dated 10/5/13. The diagnoses include a Grade 2 anterior cruciate ligament tear and medial collateral sprain. Under consideration are requests for Terocin lotion 240ml and Medrox patches #30. There is a document dated 9/19/14 that states that the patient presents with left knee and thigh pain. Her pain is the same rated a 5/10. She is using Medrox patches when her pain is increased toward the evening after she has been active. She leaves the patch on all night and uses them 4 times per week. She uses Terocin cream when the pain is not as intense and she uses the cream daily to help make the pain tolerable. She is unable to work. She is awaiting the brace to return to modified duty. On exam the right quadriceps and knee flexion is to 120 degrees, the left is to 80 degrees. Lachman's on the left is 2+ and anterior drawer is 1+. The McMurray exam caused medial knee and distal quad pain. There is no effusion of the left knee. The treatment is Terocin lotion and Medrox patches. The brace fitting was done on 9/15/14. If the brace is helpful she will be allowed to return to regular work. There is a 10/1/14 progress note that stats that the patient is awaiting her brace still. She notes no change in left knee pain that continues to lock and feel unstable. She has not been fitted with the custom knee brace. She denies effusions or pain going up and down stairs. She remains permanent and stationary as of 8/5/14. She will remain on TTD until she receives her brace in hopes of returning to regular work. She was given Terocin and Medrox patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin lotion 240ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111. Decision based on Non-MTUS Citation Physician Desk Reference (PDR), Terocin

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topical; Topical analgesics; Lidoderm (lidocaine patch) Page(s): 105; 111-113, 56 and.

Decision rationale: Terocin lotion 240 ml is not medically necessary per MTUS guidelines. According to the Chronic Pain Treatment Guidelines MTUS, there is little use to support the use of many of these topical agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The active ingredient in Terocin Lotion is: Methyl Salicylate 25%, Capsaicin 0.025%, Menthol 10% Lidocaine 2.50%. Terocin contains Lidocaine which per MTUS guidelines is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Patient has no documentation that she meets the criteria for topical Lidocaine by failing a first line treatment and therefore this ingredient is not medically necessary. Capsaicin is contained within Terocin and per MTUS Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Salicylate topicals are recommended by the MTUS and Terocin contains methyl salicylate. The MTUS guidelines do not specifically discuss menthol. There is mention of Ben-Gay which has menthol in it and is medically used per MTUS for chronic pain. The patient does not meet the criteria for topical lidocaine in this case. When one ingredient is not supported by the MTUS the entire compounded product is not medically necessary. The request therefore for Terocin 240 ml is not medically necessary.

Medrox patches quantity 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), www.dir.ca.gov/t8/ch4_5sb1a5_5_2.html

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, topical; Salicylate topicals; Topical analgesics Page(s): 28; 105 and 111-113.

Decision rationale: Medrox patches quantity 30 is not medically necessary per the MTUS Guidelines. Per MTUS guidelines there are no studies of a 0.0375% formulation of capsaicin and this exceeds guideline recommendations, therefore the Medrox patch is not medically necessary. Per guidelines Salicylate topicals including methyl salicylate and menthol are supported by the MTUS however the patch formulation of both of these formulations in combination with Capsaicin is not specifically mentioned in the MTUS. The MTUS states that any compounded product that contains at least one drug (or drug class) that is not recommended is not

recommended. The 0.0375% formulation of Capsaicin is not supported in Medrox Patches therefore the entire product is not recommended or medically necessary.