

Case Number:	CM14-0064211		
Date Assigned:	07/11/2014	Date of Injury:	07/23/2007
Decision Date:	02/26/2015	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/07/2014

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: New Jersey
 Certification(s)/Specialty: Family Practice

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 worker is a 59 year old female who was injured on 7/23/07. She was diagnosed with right knee pain, right Achilles tendinopathy, and bilateral plantar fasciitis. She was treated with physical therapy, injections, surgery (right knee arthroscopy), and medications. On 3/21/14, the worker was seen by his treating physician, reporting right knee pain. Physical examination findings included right knee joint line tenderness and crepitus. She was then recommended physical therapy, continuation of her medications (which included Terocin patches), and Synvisc injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Patch QTY: 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

Decision rationale: The MTUS Guidelines for Chronic Pain state that topical lidocaine is not a first-line therapy for chronic pain, but may be recommended for localized peripheral neuropathic pain after there has been evidence of a trial of first-line therapy (including tri-cyclic, SNRI antidepressants, or an AED such as gabapentin or Lyrica). Topical lidocaine is not recommended for non-neuropathic pain as studies showed no superiority over placebo. In the case of this worker, she had been using Terocin patches at least a few months prior to this request. However, there was no documented evidence found in the notes available for review to show functional and pain-reducing (measurable) effects of the Terocin independently on the worker's pain. Also, there was no clear evidence of neuropathic-type, which might have warranted the consideration of a lidocaine product such as Terocin. If there was neuropathic pain, there was no evidence found in the notes to show trial and failure of first-line therapy for this. Therefore, the Terocin patches will be considered medically unnecessary.