

<b>Case Number:</b>	CM15-0002752		
<b>Date Assigned:</b>	01/13/2015	<b>Date of Injury:</b>	03/29/2012
<b>Decision Date:</b>	03/16/2015	<b>UR Denial Date:</b>	01/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/06/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 injured worker is a 59-year-old female who reported an injury on 03/29/2012. The mechanism of injury involved a fall. The current diagnoses include myoligamentous lumbar spine sprain, probable lumbar spondylosis, history of right knee arthroscopy on 06/15/2012, status post right knee meniscectomy on 04/25/2013, right wrist sprain/strain, and history of nasal surgery. The injured worker presented on 12/02/2014 with complaints of low back and right knee pain. The injured worker also reported activity limitation. Upon examination, there was tenderness to palpation of the patellofemoral and medial joint line of the right knee, 0 degree to 130 degree right knee range of motion, 5/5 motor strength in the lower extremities, and intact sensation. Recommendations at that time included a prescription for Norco 5/325 mg. The injured worker was encouraged to continue with activity as tolerated. There was no Request for Authorization form submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin 0.025%-2.5% Topical Lotion 240 Units:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals, Topical analgesics Page(s): 105, 111-113.

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

**Decision rationale:** The California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no documentation of a failure of first line oral medication prior to the initiation of a topical analgesic. There is also no frequency listed in the request. Given the above, the request is not medically appropriate.