

<b>Case Number:</b>	CM15-0104894		
<b>Date Assigned:</b>	06/09/2015	<b>Date of Injury:</b>	04/02/2014
<b>Decision Date:</b>	07/10/2015	<b>UR Denial Date:</b>	05/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/01/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 48 year old woman sustained an industrial injury on 4/2/2014 after an electric wheelchair was backed into her knee and she attempted to push it off. Evaluations include left side x-rays dated 10/27/2014, right knee x-rays dated 10/27/2014, and right knee MRI dated 7/9/2014. Diagnoses include right wrist sprain, right knee sprain, and ruptured baker's cyst on the right side. Treatment has included oral medications and psychiatric treatment. Physician notes dated 4/15/2015 show complaints of intermittent right wrist pain rated 7/10 with numbness and tingling in the hand and right knee pain rated 10/10 with spasms to the buttocks, weakness, and buckling. Recommendations include Voltaren, Terocin. Orthopedic surgery consultation, home exercise program, and follow up in two to three weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin quantity 120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p60 (2) Topical Analgesics, p111-113 Page(s): 60, 111-113.

**Decision rationale:** The claimant sustained a work-related injury in April 2014 and continues to be treated for right wrist and knee pain. When seen, wrist pain was rated as high as 7/10 and knee pain at 10/10 or higher. Norco and Xanax were being prescribed. There was wrist tenderness with decreased range of motion and medial knee joint line tenderness. Oral Voltaren and Terocin topical were prescribed. Terocin contains methyl salicylate, capsaicin, menthol, and Lidocaine. Topical lidocaine in a formulation that does not involve a dermal-patch system can be recommended for localized peripheral pain. Menthol and methyl salicylate are used as a topical analgesic in over the counter medications such as Ben-Gay or Icy Hot. They work by first cooling the skin then warming it up, providing a topical anesthetic and analgesic effect which may be due to interference with transmission of pain signals through nerves. Guidelines address the use of capsaicin, which is believed to work through a similar mechanism and is recommended as an option in patients who have not responded or are intolerant to other treatments. Guidelines recommend that when prescribing medications only one medication should be given at a time. By prescribing a multiple combination medication, in addition to the increased risk of adverse side effects, it would not be possible to determine whether any derived benefit is due to a particular component. Additionally, in this case, the claimant's medications include the oral non-steroidal anti-inflammatory medication Voltaren, prescribed at the same time and therefore with unknown response. Therefore, this medication is not medically necessary.