

Case Number:	CM15-0132953		
Date Assigned:	07/21/2015	Date of Injury:	03/20/2012
Decision Date:	09/23/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	07/09/2015

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: Texas, California
 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:

This is a 39 year old male patient who sustained an industrial injury on 03/20/2012 resulting in injury to the right knee. The diagnoses include right knee pain. Per the doctor's note dated 06/09/2015, he had complaints of right knee pain with weakness, numbness and tingling in the right knee, decreased range of motion (ROM) in the right knee, and low back pain. The physical examination revealed swelling to the right knee, pain with ROM, and tenderness to palpation of the right knee. The current medications list includes Terocin cream and naproxen. He has had X-rays of the right knee showing patellofemoral arthritis; MRI of the lumbar spine dated 11/5/2012 which revealed mild disc degeneration with a small central disc bulge and midline annular fissures without stenosis; and MRI of the right knee dated 3/22/2012 which revealed mild sprains of the medial collateral and fibular ligaments, full-thickness cartilage defects of the medial and lateral patellar facets, moderate sprain of the medial patellofemoral ligament and medial retinaculum, patellar tendinosis, and a large joint effusion within the medial plica and suprapatellar plica. He has had Supartz injections to the knee with 40% improvement in pain; physical therapy; lumbar epidural steroid injections; medications; and conservative therapies/care. Plan of care includes continued Terocin for the right knee, and follow-up for right knee injections. His work status remained temporarily totally disabled. The request for authorization and IMR (independent medical review) includes: Terocin cream 480 grams (2 month supply).

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Cream 480 grams (two month supply): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics.

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

Decision rationale: Terocin Cream 480 grams (two month supply). Terocin cream contains methyl salicylate, Capsaicin, Menthol and Lidocaine. According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Lidocaine Indication: "Neuropathic pain 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). Non-neuropathic pain: Not recommended." Capsaicin: "Recommended only as an option in patients who have not responded or are intolerant to other treatments." Failure of antidepressant or anticonvulsant is not specified in the records provided. Intolerance or lack of response to oral medications is not specified. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is no high grade clinical evidence to support the effectiveness of topical menthol in lotion form. The medical necessity of Terocin Cream 480 grams (two month supply) is not fully established for this patient at this juncture. The request is not medically necessary.