

Case Number:	CM15-0180580		
Date Assigned:	09/22/2015	Date of Injury:	01/17/2013
Decision Date:	10/26/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	09/14/2015

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:

The injured worker is a 56 year old female, who sustained an industrial-work injury on 1-17-13. She reported initial complaints of continuous trauma to neck, shoulders, arms, wrists, hands, upper to mid back, right leg, and right knee. The injured worker was diagnosed as having unspecified musculoskeletal disorders and symptoms referable to neck, unspecified back disorder, anxiety, cervical neuritis-radiculopathy, thoracic or lumbosacral neuritis-radiculopathy, lumbar sprain-strain, medial-lateral epicondylitis of elbow, sprain-strain of shoulder and upper arm, injury to ulnar nerve, carpal tunnel syndrome, derangement of meniscus. Treatment to date has included medication, diagnostics, and surgery (right knee arthroscopy). X-rays were reported on 11-4-13 of the right shoulder that revealed mild degenerative change in AC (acromioclavicular) joints. Left knee report on 11-4-13 reveals bilateral mild degenerative arthritic changes. Left shoulder demonstrated bilateral mild degenerative change in AC (acromioclavicular) joints. Right knee demonstrated mild narrowing in the medial compartments consistent with mild degenerative change. Currently, the injured worker complains of pain level of 7 out of 10 to low back, mid-back, and neck, right knee pain and difficulty with ambulation and weight bearing. Physical Therapy has been kept on hold. Per the primary physician's progress report (PR-2) on 7-22-15 exam reported tenderness to the right knee with grating and crepitus with range of motion at -5 to 100 degrees. Neck exam notes tenderness. Upper extremities exam notes positive Phalen's, Tinel's, and normal range of motion in the shoulders. The back has limited range of motion and tenderness over the paraspinal area bilaterally and positive straight leg raise test bilaterally. Lower extremity exam notes positive

McMurray's and Apley's test on the right. The Request for Authorization requested service to include Terocin Patches #30. The Utilization Review on 8-13-15 denied the request due to lack of documentation on pain and failed lesser measures, per CA MTUS (Medical Treatment Utilization Schedule) Guidelines, Chronic Pain Medical Treatment 2009.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Patches #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The claimant sustained a work injury in January 2013 and is being treated for pain throughout the spine and right knee pain. She underwent arthroscopic right knee surgery in October 2014 with partial medial and lateral meniscectomy and synovectomy. When seen, there was abnormal spinal range of motion with paraspinal tenderness. Straight leg raising was positive. Right knee McMurray's and Apley's testing was positive. Recommendations included resuming acupuncture treatments. Medications were refilled. Topical medications included compounded cream and Terocin patches. 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. By prescribing a multiple combination medication, in addition to the increased risk of adverse side effects, it would be difficult or impossible to determine whether any derived benefit was due to a particular component. In this case, there are other single component topical treatments with generic availability in a non-patch formulation that could be considered. This medication is not medically necessary.