

Case Number:	CM15-0187398		
Date Assigned:	09/29/2015	Date of Injury:	03/27/2015
Decision Date:	11/09/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	09/23/2015

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: Maryland

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

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(n) 70 year old female, who sustained an industrial injury on 3-27-15. The injured worker was diagnosed as having status post slip and fall with right knee derangement, right hip bursitis and sacroiliac joint dysfunction and cervical strain. Medical records (5-18-15 through 8-26-15) indicated 8.5 out of 10 pain. The physical exam (4-16-15 through 8-26-15) revealed "limited" range of motion in the right hip and right knee range of motion is 110 degrees of flexion and 0 degrees extension. Treatment to date has included a right knee MRI on 6-5-15 and physical therapy (number of sessions not documented). Current medications include transdermal Gabapentin, transdermal Fenoprofen, transdermal Cyclobenzaprine and Terocin patch (since at least 4-16-15). As of the PR2 dated 9-11-15, the injured worker reports right knee pain and discomfort that radiates to the hip area. She rates her pain 8.5 out of 10. Objective findings include right knee swelling, catching and clicking and right knee range of motion is 110 degrees of flexion and 0 degrees extension. The treating physician requested retrospective request for Terocin patches #30 (DOS 8/26/2015, 9/11/2015) and Terocin patches #30. The Utilization Review dated 9-23-15, non-certified the request for retrospective request for Terocin patches #30 (DOS 8/26/2015, 9/11/2015) and Terocin patches #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Terocin patches #30 (DOS 8/26/2015, 9/11/2015): 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): Salicylate topicals, Topical Analgesics. Decision based on Non-MTUS Citation <http://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=100ceb76-8ebe-437b-a8de-37cc76ece9bb>.

Decision rationale: Retrospective request for Terocin patches #30 (DOS 8/26/2015, 9/11/2015) is not medically necessary per MTUS guidelines. According to the Chronic Pain Treatment Guidelines MTUS, there is little use to support the use of many of these topical agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The active ingredient in Terocin Patches are Menthol and Lidocaine. The MTUS guidelines do not specifically discuss menthol. There is mention of Ben-Gay which has Menthol in it and is medically used per MTUS for chronic pain. Terocin contains Lidocaine which per MTUS guidelines is 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). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. There is no documentation that patient is intolerant to other treatments or has failed the trial of first line therapy. It is not clear why the patient would require Menthol in addition to Lidocaine in a patch form. The request for Terocin patches is not medically necessary.

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): Salicylate topicals, Topical Analgesics.

Decision rationale: Terocin patches #30 is not medically necessary per MTUS guidelines. According to the Chronic Pain Treatment Guidelines MTUS, there is little use to support the use of many of these topical agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The active ingredient in Terocin Patches are Menthol and Lidocaine. The MTUS guidelines do not specifically discuss menthol. There is mention of Ben-Gay which has Menthol in it and is medically used per MTUS for chronic pain. Terocin contains Lidocaine which per MTUS guidelines is 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). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. There is no documentation that patient has failed the trial of first line therapy. It is not clear why the patient would require Menthol in addition to Lidocaine in a patch form. The request for Terocin patches is not medically necessary.