

<b>Case Number:</b>	CM15-0188284		
<b>Date Assigned:</b>	09/30/2015	<b>Date of Injury:</b>	08/03/2011
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	09/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2015

### 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: Arizona, 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:

The injured worker is a 42 year old with a date of injury on 08-03-2011. The injured worker is undergoing treatment for chondromalacia patellae bilaterally and patellar tendinitis bilaterally. A physician progress note dated 07-28-2015 documents the injured worker complains of bilateral knee pain that he rates as 4 out of 10. Pain is made worse with weight bearing. On examination patella tracking was slightly lateral bilaterally. Patella compression test was positive the left and negative on the right. Knees were tender to palpation. He had audible clicking and painful end range squat. Kinesiotape to both knees was applied to shift the patella medially. He reported significant pain relief and that it felt more supported. In a progress note dated 09-02-2015 the injured worker reports that the kinesiotaping trial was very successful in reducing his bilateral knee pain by about 50%. During use he still had clicking in his knee but no locking or buckling. He does have some Voltaren gel and Diclofenac at home, but he tries to minimize its use since he has a history of gastroesophageal reflux disease. He had therapy authorized but did not go because it was not to the facility recommended. The injured worker and his wife were instructed in taping both knees. Treatment to date has included diagnostic studies, medications, physical therapy, Synvisc injection which provided about 65-70% relief for 3 months to each knee, use of a Transcutaneous Electrical Nerve Stimulation unit, and a gym membership. Current medications include Diclofenac Sodium, and Voltaren gel. On 03-27-2015 a left knee x ray showed mild joint space narrowing in the medial compartment. On 03-27-2015 x rays of the right knee showed mild joint space narrowing in the medial and patellofemoral compartments. On 09-14-2015 Utilization Review non-certified the request for Rock tape (Kinesiotape) H20

(waterproof) 4 boxes bilateral knees, and Terocin patch 4%, apply 1 patch to effected area; 12 hours on, 12 hours off #30.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Terocin patch 4%, apply 1 patch to effected area; 12 hours on, 12 hours off #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:** Terocin patch contains .025% Capsaicin, 25% Menthyl Salicylate, 4% Menthol and 4% Lidocaine. According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are 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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Lidocaine 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). In this case, there is no documentation of failure of 1st line medications. In addition, other topical formulations of Lidocaine are not approved. The claimant had also been on other topicals including Voltaren gel and oral NSAIDS, multiple topicals for long-term is not recommended. Any compounded drug that is not recommended is not recommended and therefore Terocin patches are not medically necessary.

**Rocktape (Kinesiotape) H20 (waterproof) 4 boxes bilateral knees:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee & Leg.

**MAXIMUS guideline:** Decision based on MTUS Knee Complaints 2004, Section(s): Activity Alteration, Initial Care. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee chapter and pg 37.

**Decision rationale:** According to the guidelines, there are no quality studies covering use in the knee, and this preliminary pilot study in the knee concluded that Kinesio taping had no effect on muscle strength. In this case, the claimant's injury if chronic, the claimant had undergone injections and therapy which provide greater benefit. The request for kinesio tape is not medically necessary.