

Case Number:	CM15-0204443		
Date Assigned:	10/21/2015	Date of Injury:	04/21/1994
Decision Date:	12/22/2015	UR Denial Date:	10/03/2015
Priority:	Standard	Application Received:	10/19/2015

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: California, Massachusetts

Certification(s)/Specialty: Preventive Medicine, Occupational 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 72 year old, female who sustained a work related injury on 4-21-94. A review of the medical records shows she is being treated for left knee pain. In the progress notes dated 8-24-15, the injured worker reports the "Terocin spray has really helped her and she does not feel as much subluxation in her left knee as before." Upon physical exam dated 8-24-15, she has a weak vastus medialis obliquus muscle. She ambulates with a crouched gait. Her range of motion in left knee is unchanged. She has pain over left knee joint. Treatments have included medications. Current medications include Terocin spray and Somnicin. No notation of working status. The treatment plan includes requests for Terocin spray, Genicin, Somnicin, for a TENS unit, and for x-rays. The Request for Authorization dated 9-23-15 has requests for Terocin spray and Genicin. In the Utilization Review dated 10-3-15, the requested treatment of Terocin spray with 6 refills is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin spray with 6 refills: Upheld

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

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

Decision rationale: Terocin spray is a combination topical lidocaine and methanol analgesic. According to MTUS guidelines: "Topical lidocaine may be 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. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia." The current treatment is for the injured workers chronic pain which is not post-herpetic neuralgia. From my review of the records the requested treatment is for chronic pain and not post-herpetic neuralgia. There is no mention of trial of an appropriate first-line therapy such as gabapentin or lyrica, consequently Lidocaine patch is not medically necessary or clinically indicated at this time.