

<b>Case Number:</b>	CM15-0027092		
<b>Date Assigned:</b>	02/19/2015	<b>Date of Injury:</b>	12/18/2006
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	01/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal 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 was a female, who sustained an industrial injury, December 18, 2006. According to progress note of February 23, 2015, the injured workers chief complaint was right knee pain. The physical exam noted mild diffuse swelling/effusion. The range of motion was flexion 130 degrees on the right compared to 150 degrees on the left; extension on the right knee was 5 degrees compared to full on the left. The right knee was tender to palpation greater on the medial and lateral joint lines. According to the progress note of November 21, 2014, the injured workers pain level was a 7-8 out of 10 without pain medication and 3-4 with pain medication; 0 being no pain and 10 being the worse pain. According to the progress note of November 7, 2014, the injured worker was using Voltaren gel with a positive response with the other prescribed medications. The injured worker was diagnosed with severe tri-compartmental osteoarthritis of the right knee. The injured worker previously received the following treatments ultra-sound of the right knee, Cymbalta, Anaprox, Terocin lotion, Oxycodone, random toxicology laboratory studies, Voltaren gel, Methoderm gel, ice, brace, injections corticosteroids on October 17, 2014. The progress note of November 7, 2014, the injured worker was using Voltaren gel for the right knee pain. On December 12, 2014 the primary physician requested Methoderm topical gel for the right knee and on January 5, 2015 treating physician requested Terocin lotion for the right knee. On January 5, 2015, the primary treating physician requested authorization for a prescription for Terocin lotion applied three times daily. On January 19, 2015, the Utilization Review denied authorization for a prescription for Terocin lotion applied three times daily. The denial was based on the MTUS/ACOEM and ODG guidelines.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin Lotion applied TID:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-114.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Pain section, Topical analgesics

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Terocin lotion apply TID is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are 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. Other than Lidoderm, no other commercially approved topical formulation of lidocaine with a cream, lotions or gels are indicated for neuropathic pain. Terocin lotion contains lidocaine and menthol. In this case, the injured worker's working diagnosis is severe tricompartmental osteoarthritis of the right knee. The treating physician added Terocin lotion to the topical regimen including Methoderm topical. Other than Lidoderm, no other commercially approved topical formulation of lidocaine with a cream, lotions or gels are indicated for neuropathic pain. Lidocaine in lotion form is not recommended. Any compounded product that contains at least one drug (lidocaine in lotion form) that is not recommended is not recommended. Consequently, Terocin lotion apply TID is not medically necessary. Based on the clinical information medical record and the peer-reviewed evidence-based guidelines, Terocin lotion applied TID is not medically necessary.