

Case Number:	CM15-0052456		
Date Assigned:	03/25/2015	Date of Injury:	09/09/2009
Decision Date:	05/11/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/19/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 52-year-old female, who sustained an industrial injury on September 9, 2009. She reported low back pain and knee pain. The injured worker was diagnosed as having degenerative change of the lumbar spine with non-verifiable radicular complaints, degenerative arthritis of bilateral knees, morbid obesity; status post left knee arthroscopic partial medial and lateral meniscectomies, lumbosacral joint and ligament sprain and contusion of the knee. Treatment to date has included diagnostic studies, surgical intervention of the left knee, conservative treatments, medications and work restrictions. Currently, the injured worker complains of low back, left knee and right knee pain. The injured worker reported an industrial injury in 2009, resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. She reported left knee pain that continued causing overcompensation and pain of the right knee. Evaluation on December 3, 2014, revealed continued pain as noted. Evaluation on January 6, 2015, revealed continued pain. A retrospective request for Terocin Patches was made.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective (DOS: 01/06/15) Terocin Patches #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Non-steroidal anti-inflammatory agents (NSAIDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111-113.

Decision rationale: This patient has a date of injury of 09/09/09 and presents with low back and bilateral knee pain. The current request is for Retrospective DOS 01/06/15 Terocin Patches #30. Terocin patches include salicylate, capsaicin, menthol, and lidocaine. MTUS Chronic Pain Medical Treatment Guidelines page 111 through 113 under topical analgesic state: Any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. The MTUS Guidelines supports the use of topical for osteoarthritis and tendinitis, in particular of the knee and elbow or other joints that are amenable to topical treatment. It does not appear that the patient has tried Terocin patches in the past. The medical file provided for review provides no discussion regarding this request. It appears that the medication was first dispensed on 01/06/15. The Utilization review letter dated 02/24/15 denied the request stating that there is no documentation that the patient has failed oral NSAID or is intolerant to other medications and there is no evidence of localized peripheral pain or osteoarthritis/tendinitis. In this case, the patient has chronic bilateral knee pain and MRI findings have documented tricompartmental degenerative changes. The Terocin patches have been prescribed in accordance with MTUS guidelines. This request is medically necessary