

Case Number:	CM15-0126598		
Date Assigned:	07/13/2015	Date of Injury:	04/25/2014
Decision Date:	08/06/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	06/30/2015

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 is a 57 year old male, who sustained an industrial injury on 4/25/14. The diagnoses have included right knee pain, right knee medial meniscus tear and right knee arthritis. Treatment to date has included medications, activity modifications, right knee surgery, diagnostics, physical therapy, and other modalities. Currently, as per the physician progress note dated 5/13/15, the injured worker complains of right knee pain. He has a history of arthritis and a large meniscal tear. He is noted to be contemplating surgery but in the future. He uses Naproxen but it causes upset stomach so he uses Omeprazole to relieve the symptoms. The objective findings reveal that the right knee range of motion is 0-130 degrees. He has a positive bounce home and Apley's compression distraction test with medial joint line pain. The diagnostic testing that was performed included x-ray of the right knee that reveals slight arthritic changes in the medial compartment on the tibial plateau. The physician requested treatment included Terocin Lotion Methyl Salicylate 25 Percent Menthol 10 Percent Capsaicin .025 Percent 120 Gram to apply to the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Lotion Methyl Salicylate 25 Percent Menthol 10 Percent Capsaicin .025 Percent 120 Gram: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Terocin lotion (methyl salicylate 25%, menthol 10%, capsaicin 0.025%), 120gm 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. Terocin contains lidocaine, Capsaicin and menthol. 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 cream, lotions or gels are indicated for neuropathic pain. Methyl salicylate is significantly better than placebo in acute and chronic pain, but especially acute pain. Topical salicylate was significantly better than placebo but larger more valid studies without significant effect. In this case, the injured worker's working diagnoses are right knee pain; right knee medial meniscal tear; and right knee arthritis. The date of injury is April 25, 2014. Request for authorization is June 9, 2015. According to a March 17, 2015 progress note, the injured worker was taking naproxen and omeprazole for stomach related complaints from the nonsteroidal anti-inflammatory drug. The most recent progress note dated May 13, 2015 subjectively states the injured worker has the right knee pain with a large meniscal tear. The injured worker was authorized to undergo arthroscopy and repair, but is contemplating the surgery. The treating provider gave a sample of Pennsaid 2%. The treatment plan states Pennsaid 2% will be requested. The IMR indicates Terocin lotion is requested. There is no request for authorization in the medical record (with the request for Terocin lotion). Consequently, absent clinical documentation with a clinical discussion, indication and rationale for a topical analgesic (Terocin lotion), Terocin lotion (methyl salicylate 25%, menthol 10%, capsaicin 0.025%) 120gm is not medically necessary.