

Case Number:	CM15-0174920		
Date Assigned:	09/16/2015	Date of Injury:	09/10/2011
Decision Date:	10/28/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	09/04/2015

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: Pennsylvania, Ohio, 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 37 year old female, who sustained an industrial injury on 9-10-11. Medical record indicated the injured worker is undergoing treatment for degenerative joint disease of lumbar spine with moderate neural foraminal narrowing and discopathy, bilateral knee sprain-strain, sleep disorder, degenerative joint of right knee, stress, anxiety, depression and status post (ACL) Anterior Cruciate Ligament repair and bilateral chronic sacroiliac joint sprain-strain. Treatment to date has included knee braces, topical creams, Ultram 50mg, Robaxin 750mg, Prilosec 20mg, Ibuprofen 800 mg and topical Terocin patches. On the most recent progress note dated 3-27-15, the injured worker complains of continued, constant bilateral knee pain rated 6-10 out of 10 in right knee and 5-7 out of 10 in left knee and notes pain is worse with driving. Physical exam on 3-27-15 noted right knee tenderness at patella tendons with restricted range of motion and left tenderness medially and laterally without laxity. The treatment plan included x-rays of bilateral knees, x-ray of lumbar spine, (MRI) magnetic resonance imaging of right knee, magnetic resonance arthrogram of left knee, (EMG) Electromyogram-(NCV)Nerve Condition Velocity lower extremities, topical creams and Ultram 50mg, Robaxin 750mg, Prilosec 20mg, Ibuprofen 800 mg and topical Terocin patches. On 8-6-15, utilization review non-certified a request for Terocin patches noting there is no documented failure of anticonvulsant and antidepressant therapy therefore, medical necessity is not established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin patch, unknown quantity, (retrospective DOS 4/6/15): 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: MTUS recommends the use of compounded topical analgesics only if there is documentation of the specific proposed analgesic effect and how it will be useful for the specific therapeutic goal required. The records in this case do not provide such a rationale for this topical medication or its ingredients. This request is not medically necessary.