

Case Number:	CM15-0025515		
Date Assigned:	02/18/2015	Date of Injury:	11/09/2012
Decision Date:	04/14/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/10/2015

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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 33-year-old male, who sustained an industrial injury on 11/9/2012. He reported falling off a scaffold onto his left knee and his left side. The diagnoses have included lumbar disc disorder, low back pain and knee pain. Treatment to date has included non-steroidal anti-inflammatory drugs and pain medications. According to the progress report dated 10/21/2014, the injured worker complained of moderate, constant left knee pain. Exam of the left knee revealed tenderness to palpation of the medial joint line, patella and patellar tendon.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin patch 4% #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The patient is a 33-year-old male with an injury on 11/09/2012. He fell off a scaffold. He has chronic left knee pain and tenderness of palpation. MTUS, Chronic Pain notes

that if an active ingredient of a topical analgesic is not recommended then the entire compound is not recommended. Terocin patch contains lidocaine and menthol. Menthol is not recommended; thus Terocin is not recommended. Terocin is not medically necessary for this patient.