

<b>Case Number:</b>	CM15-0062717		
<b>Date Assigned:</b>	04/08/2015	<b>Date of Injury:</b>	02/11/2013
<b>Decision Date:</b>	05/11/2015	<b>UR Denial Date:</b>	03/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/02/2015

### 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: Texas, California  
 Certification(s)/Specialty: Family Practice

### 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 50 year old male, who sustained an industrial injury on February 11, 2013. The mechanism of injury is unknown. The injured worker was diagnosed as having chondromalacia patella right, chondromalacia knee right and meniscal tear medial right. Treatment to date has included diagnostic studies, activity modifications, surgery, physical therapy, cane, brace and medications. On February 27, 2015, the injured worker complained of constant bilateral knee pain. The quality of pain was described as stabbing, throbbing and dull. Associated symptoms included grinding, swelling, locking and popping. An ambulation cane was used to assist with ambulation. Physical examination of the bilateral knees revealed tenderness on palpation, swelling, antalgic gait, limited range of motion, positive special tests. The medication list includes Omeprazole, Ultram, Ibuprofen, Voltaren, Lorazepam and Anaprox. A recent detailed examination of the gastrointestinal tract was not specified in the records provided. The patient has had normal gastrointestinal tract on review of system. The treatment plan included medications, follow-up visit and a surgical request for left knee arthroscopic medial and lateral meniscectomies, chondroplasty and debridement. The past medical treatment includes knee surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Terocin patch, #30 with 1 refill: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111, 112-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain - Topical Analgesics, pages 111-112 Topical Analgesics.

**Decision rationale:** Request: Retrospective Terocin patch, #30 with 1 refill. Terocin patches contains Menthol 4% and Lidocaine 4%. According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Lidocaine Indication: Neuropathic pain: Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Non-neuropathic pain: Not recommended. MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. There is no evidence in the records provided that the pain is neuropathic in nature. The records provided do not specify that trials of antidepressants and anticonvulsants have failed. Any intolerance or lack of response of oral medications is not specified in the records provided. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is also no evidence that menthol is recommended by the CA, MTUS, Chronic pain treatment guidelines. Topical menthol is not recommended in this patient for this diagnosis. The medical necessity of Retrospective the request for Terocin patch, #30 with 1 refill is not fully established in this patient.