

<b>Case Number:</b>	CM15-0098779		
<b>Date Assigned:</b>	06/01/2015	<b>Date of Injury:</b>	10/23/2001
<b>Decision Date:</b>	06/30/2015	<b>UR Denial Date:</b>	04/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/21/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 65 year old male with an industrial injury dated 10/23/2001. The injured worker's diagnoses include status post left knee surgery. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 3/25/2015, the injured worker reported left knee pain. The injured worker rated pain an 8-9/10. Left knee exam revealed slight swelling on medial joint of the left knee, pain in the joint line and inferior pole of the patella and the injured worker was noted to lack complete flexion and extension. The treating physician reported that the injured worker was symptomatic despite having surgery and the treatment plan consisted of surgical consultation, topical pain medication, strengthening exercises and follow up visit. The treating physician prescribed Terocin 120gm bottle quantity: 2, now under review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin 120gm #2:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p 60 (2) Topical Analgesics, p 111-113 Page(s): 60, 111-113.

**Decision rationale:** The claimant has a remote history of a work injury occurring in October 2001. He continues to be treated for left knee pain. When seen, pain was rated at 8-9/10. Prior treatments had included a medial meniscus repair and he had a history of a right total knee replacement. There was decreased knee range of motion with medial joint and inferior patellar tenderness. There was no ligamentous laxity. He was taking medications for hypertension and diabetes. Terocin contains methyl salicylate, capsaicin, menthol, and Lidocaine. Topical lidocaine in a formulation that does not involve a dermal-patch system can be recommended for localized peripheral pain. Menthol and methyl salicylate are used as a topical analgesic in over the counter medications such as Ben-Gay or Icy Hot. They work by first cooling the skin then warming it up, providing a topical anesthetic and analgesic effect which may be due to interference with transmission of pain signals through nerves. Guidelines address the use of capsaicin which is believed to work through a similar mechanism and is recommended as an option in patients who have not responded or are intolerant to other treatments. Guidelines recommend that when prescribing medications only one medication should be given at a time. By prescribing a multiple combination medication, in addition to the increased risk of adverse side effects, it would not be possible to determine whether any derived benefit is due to a particular component. Therefore, this medication is not medically necessary.