

<b>Case Number:</b>	CM13-0004383		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	05/30/2000
<b>Decision Date:</b>	07/30/2014	<b>UR Denial Date:</b>	07/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2013

### 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. The expert reviewer is Board Certified in Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 45 year old male with date of injury 5/30/2000. The mechanism of injury is not stated in the available medical records. The patient has complained of bilateral foot pain since the date of injury. He has been treated with physical therapy, medications and foot orthoses. Plain radiographs from 03/2013 reveal bilateral calcaneal spurring, midtarsal joint degenerative joint disease and increased IM angle of the 5th metatarsalphalangeal joint. Objective: tenderness to palpation at the posterior tibial neurovascular bundle bilaterally, tenderness to palpation of the plantar fascia insertion sites bilaterally. Diagnoses: tarsal tunnel syndrome bilaterally, plantar fasciitis, tibial tendon dysfunction.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHARMACY - TEROGIN: 25% MENTHL SALICYLATE, 0.025% CAPSAICIN, 10% MENTHOL, 2.50% LIDOCAINE FOR BILATERAL FOOT PAIN:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.dir.ca.gov/dwc/DWCPropRegs/MTUS\\_Appendix\\_C.pdf](http://www.dir.ca.gov/dwc/DWCPropRegs/MTUS_Appendix_C.pdf) Chapparo, LE, et al. Combination pharmacotherapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics, page 111 Page(s): 111.

**Decision rationale:** This 45 year old male has complained of bilateral foot pain since date of injury 5/30/2000. He has been treated with physical therapy, orthoses and medications. The current request is for Terocin 25% Menthyl Salicylate 0.025% Capsaicin, 10% Menthol, 2.50% Lidocaine. Per the MTUS guideline cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, Terocin 25% Menthyl Salicylate 0.025% Capsaicin 10% Menthol 2.50% Lidocaine is not medically necessary.