

<b>Case Number:</b>	CM13-0019490		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	05/14/2008
<b>Decision Date:</b>	02/10/2014	<b>UR Denial Date:</b>	08/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in California. 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 physician 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 51-year-old female who reported an injury on 05/14/2008 which ultimately resulted in arthroscopic debridement of the left ankle and removal of painful nonunion fracture fragment of the left calcaneus. The patient developed chronic pain of the left ankle rated at 4/10 to 5/10 with repetitive weight-bearing activities. The patient's pain was managed with mediations. The clinical exam findings on 07/25/2013 revealed ambulation with a perceptible limp, equal and bilateral deep tendon reflexes, and equal bilateral muscle strength of the lower extremities. The patient's diagnoses included status post arthroscopic debridement of the left ankle with residual chronic left ankle arthralgia and residual arthralgia to the calcaneocuboid articulation of the left foot with chronic tendinosis of the peroneal tendons of the left ankle. The patient's treatment plan included continued medications with supplementation of Terocin analgesic cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin dispensed 7/25/2013:** 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 Topical Analgesics Page(s): 111.

**Decision rationale:** The requested Terocin dispensed 07/25/2013 is not medically necessary or appropriate. The clinical documentation submitted for review on 07/25/2013 does indicate that the patient has been having progressively worsening pain in the left ankle region that has failed to respond to anti-inflammatory medications, supportive shoe gear, and orthotics. The requested Terocin cream contains methyl salicylate, capsaicin, menthol, and Lidocaine. The California Medical Treatment Utilization Schedule does recommend the use of methyl salicylate and menthol as a topical agent for osteoarthritic pain. Additionally, capsaicin is recommended for patients who have been intolerant or unresponsive to other treatments. The clinical documentation submitted for review does provide evidence that the patient's pain is progressively worsening in spite of medical management to include inflammatory medication, supportive shoe gear, and orthotics. However, the requested compound also contains lidocaine. California Medical Treatment Utilization Schedule does not recommend any cream, lotion, or gel formulation of lidocaine as it is not FDA approved for neuropathic pain. California Medical Treatment Utilization Schedule states that any compounded agent that contains 1 or more element that is supported by guideline recommendations is not recommended. This compounded agent does contain Lidocaine and would not be supported. As such, the requested Terocin dispensed 07/25/2013 is not medically necessary or appropriate.