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| Case Number: | CM13-0042888 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 07/09/2012 |
| Decision Date: | 02/12/2014 | UR Denial Date: | 10/14/2013 |
| Priority: | Standard | Application Received: | 10/21/2013 |

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, has a subspecialty in Pain Medicine, 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:

This is a 25-year-old with a 7/9/12 industrial injury claim. He has been diagnosed with: left ankle lateral talar dome osteochondral lesion; left ankle Achilles tendinosis, partial longitudinal tear; left ankle posterior tibial tenosynovitis. The 10/14/13 report from [REDACTED] shows a prescription for Terocin Pain patches and Ketoprofen cream. The IMR application shows a dispute with the 10/14/13 UR decision. The 10/14/13 UR letter is from [REDACTED] and recommends non-certification for Terocin patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Patches, 10 count: Upheld

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

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, state "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In this case, I do not believe the Terocin, in patch form, contains capsaicin, as UR indicates. It does contain Lidocaine. MTUS for Lidocaine states Lidocaine is

recommended for neuropathic pain after there has been trials of first-line therapy such as TCA (tricyclic antidepressant), SNRI (serotonin and noradrenaline reuptake inhibitor) or AED (antiepileptic drug). The patient's diagnosis is of a tendon tear and osteochondral lesion. There is no mention of neuropathic pain. Review of the records back through 10/2/12/ [REDACTED], did not reveal any neuropathic pain nor trials of TCA, SNRIs or AEDs. The Lidocaine portion of the Terocin patch is not in accordance with the Chronic Pain Medical Treatment Guidelines. The request for Terocin Patches, 10 count, is not medically necessary or appropriate.