

Case Number:	CM13-0064402		
Date Assigned:	01/03/2014	Date of Injury:	08/24/2012
Decision Date:	04/10/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/11/2013

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 Management, and is licensed to practice in Texas. 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 52-year-old female who reported an injury on 08/24/2012. The mechanism of injury was noted to be a trip and fall. The patient had a left knee arthroscopy, medial femoral chondroplasty and patellofemoral debridement on 01/25/2013. The recent documentation of 10/30/2013 revealed the patient had left knee pain, left lower leg numbness, left ankle pain with stiffness, and depression. The patient had exquisite pain with hypersensitivity over the anterior aspect of the lower leg, and the dorsal aspect of her foot. The patient underwent left ankle surgery on 01/25/2013 with an anterior and posterior decompression, removal of spurs, lateral ankle ligament reconstruction, split peroneal tendon transfer, posterior ankle decompression and arthrotomy. The patient underwent postoperative therapy. The patient had joint pain, stiffness, and weakness of that ankle. The patient's diagnoses were noted to include left knee arthritis, medial compartment, chondromalacia patella of the left knee, knee pain, and left ankle pain and causalgia. The treatment plan was noted to include Terocin patches and H-wave therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for Terocin Patches: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Salicylate Topical Analgesic, Lidocaine, Drugs.com. Topical Capsaicin Page(s): 105, 111.

Decision rationale: California MTUS indicates that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety... are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed...Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended...Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments...Lidocaine... Lidoderm...No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. California MTUS guidelines recommend treatment with topical salicylates. Per Drugs.com, Terocin is a topical analgesic containing capsaicin / lidocaine / menthol / methyl salicylate. Clinical documentation submitted for review failed to indicate the patient had a trial and failure of antidepressants and anticonvulsants. There was lack of documentation indicating the patient was non-responsive or intolerant of other treatments. Additionally, as lidocaine is not recommended except in the form of Lidoderm, there is lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. Additionally, per the submitted request, the request for Terocin patches failed to indicate a quantity of patches being requested as well as the strength. Given the above, the request for Terocin patches is not medically necessary.