

Case Number:	CM14-0077488		
Date Assigned:	07/18/2014	Date of Injury:	12/09/2013
Decision Date:	09/11/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/27/2014

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 Emergency 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 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 injured worker is a 50 year-old female, who sustained an injury on December 9, 2013. The mechanism of injury occurred when she twisted her left foot when she was placing a tray of pretzels in an oven. Diagnostics have included: December 10, 2013 left foot x-rays reported as showing non displaced fracture of the fifth metatarsal. Treatments have included: CAM boot, cane, medications. The current diagnoses are: oblique left fifth metatarsal closed fracture, and osteopenia. The stated purpose of the request for 1 new Terocin, unknown quantity and strength was not noted. The request was denied on May 1 2014, citing a lack of documentation of neuropathic pain, nor trials of antidepressants or anticonvulsants. Per the report dated March 28, 2014, the treating physician noted complaints of left foot pain with the injured worker using a cane and non-contributory exam findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

One new Terocin dispensed: 2/28/24 (unknown quantity and strength): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111,112,113,105.

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

Decision rationale: Chronic Pain Medical Treatment Guidelines, July 18, 2009, Pg. 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants". Also, any compounded medication with a non-recommended ingredient is itself not recommended. The injured worker has left foot pain. The treating physician has not documented failed trials of antidepressants or anticonvulsants, nor intolerance or ineffectiveness of similar medications on an oral basis. The criteria noted above not having been met. One new Terocin dispensed: 2/28/24 (unknown quantity and strength) is not medically necessary.