

Case Number:	CM14-0088372		
Date Assigned:	07/23/2014	Date of Injury:	02/15/2006
Decision Date:	09/17/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	06/12/2014

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 Pain Medicine & 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 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:

This 57 year-old patient sustained an injury on 2/15/06 while employed by [REDACTED]. Request(s) under consideration include Terocin cream 120gm x 2 bottles. Diagnoses include myositis, tendinitis, and plantar fasciitis. Electromyography (EMG) of 2/4/10 had no evidence of entrapment neuropathy of Computed Tomography Scan (CTS) or ulnar neuropathy; no evidence of cervical and lumbar radiculopathy in extremities. MRI of left foot and right ankle dated 8/11/12 were normal except for subchondral cyst of talar dome. MRI of left ankle dated 8/11/12 showed subchondral defect medial aspect of talus; possible plantar fasciitis. Report of 3/17/14 from the provider noted the patient being seen for hammer toes and plantar fasciitis. Medications prescribed included Terocin patches, Diclofenac, and Flexeril along with custom orthotics and diagnostic right lower extremity ultrasound. The request(s) for Terocin cream 120gm x 2 bottles was non-certified on 5/23/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin cream 120gm x 2 bottles: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: This 57 year-old patient sustained an injury on 2/15/06 while employed by [REDACTED]. Request(s) under consideration include Terocin cream 120gm x 2 bottles. Diagnoses include myositis, tendinitis, and plantar fasciitis. Electromyography (EMG) of 2/4/10 had no evidence of entrapment neuropathy of Computed Tomography Scan (CTS) or ulnar neuropathy; no evidence of cervical and lumbar radiculopathy in extremities. MRI of left foot and right ankle dated 8/11/12 were normal except for subchondral cyst of talar dome. MRI of left ankle dated 8/11/12 showed subchondral defect medial aspect of talus; possible plantar fasciitis. Report of 3/17/14 from the provider noted the patient being seen for hammer toes and plantar fasciitis. Medications prescribed included Terocin patches, Diclofenac, and Flexeril along with custom orthotics and diagnostic right lower extremity ultrasound. The request(s) for Terocin cream 120gm x 2 bottles was non-certified on 5/23/14. The provider has not submitted any new information to support for topical compound analgesic Terocin which was non-certified. Per manufacturer, Terocin is Methyl Salicylate 25%, Menthol 10%, Capsaicin 0.025%, Lidocaine 2.5%, Aloe, Borage Oil, Boswellia Serrat, and other inactive ingredients. Per MTUS, medications should be trialed one at a time and is against starting multiples simultaneously. In addition, Boswellia serrata and topical Lidocaine are specifically "not recommended" per MTUS. Per Food and Drug Administration (FDA), topical Lidocaine as an active ingredient in Terocin is not indicated and places unacceptable risk of seizures, irregular heartbeats and death on patients. The provider has not submitted specific indication to support this medication outside of the guidelines and directives to allow for certification of this topical compounded Terocin. Additional, there is no demonstrated functional improvement or pain relief from treatment already rendered for this chronic injury. The Terocin cream 120gm x 2 bottles is not medically necessary and appropriate.