

Case Number:	CM14-0094182		
Date Assigned:	08/04/2014	Date of Injury:	04/19/2002
Decision Date:	09/30/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	06/20/2014

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 Anesthesiology, has a subspecialty in Pain Medicine 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 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 52 year old female injured on 04/19/02 due to undisclosed mechanism of injury. Diagnosis included closed comminuted fracture right proximal fibula as a result of fall secondary to right knee giving way, bilateral knee internal derangement, lumbar discopathy, ulcer of lower limbs, ulcer of calf, morbid obesity, and chronic venous hypertension with ulcer. Clinical note dated 05/06/14 indicated the injured worker presented complaining of low back pain radiating to bilateral lower extremities with associated numbness, paresthesia, weakness. Treatment plan included Percocet and Norco. Clinical note dated 06/04/14 indicated the injured worker presented for evaluation of prior left leg venous stasis ulcer and recurrent right leg venous stasis ulcer. The injured worker reported experiencing worsening venous stasis wounds on the left leg and significant pain and swelling. The injured worker was referred for hyperbaric wound treatment; however, due to obesity the injured worker was not a candidate. Without compression the injured worker had return of wound and pain in the area. Physical examination revealed massively obese limb, hyperpigmentation, tenderness, small amount of surrounding redness, wound to the lateral lower leg with determination to be chronic partial thickness venous ulcer with status of not healed with moderate amount of yellow drainage. The injured worker rated pain 7/10. The initial request for Terocin patches #30 was non-certified on 05/21/14. The initial request for Gencin 500mg capsule #90 was non-certified on 05/29/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO DOS - 01/21/14 for Terocin Patches #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Web Edition.

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

Decision rationale: As noted on page 111 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no indication in the documentation that these types of medications have been trialed and/or failed. This compound is noted to contain capsaicin, menthol, and methyl salicylate. As such, the retrospective date of service- 01/21/14 for Terocin Patches #30 cannot be recommended as medically necessary.