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| <b>Case Number:</b>   | CM14-0095278 |                              |            |
| <b>Date Assigned:</b> | 07/28/2014   | <b>Date of Injury:</b>       | 01/24/2014 |
| <b>Decision Date:</b> | 09/29/2014   | <b>UR Denial Date:</b>       | 06/06/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/23/2014 |

### 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 Occupational Medicine and is licensed to practice in Illinois. 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 53 year old man who twisted his left ankle on Jan 24, 2014 when he felt immediate pain and noticed swelling. He was told he had an ankle sprain to the left tibiofibular ligament without any fractures. He was put on Motrin, Norco, an all cotton elastic bandage, crutches, and physical therapy. He continued to have constant pain after physical therapy. The pain was described as constant aching, burning, sharp, and radiating. He rated it as a 3-6/10 on a pain scale. He notes that it is worse while going down stairs in the medial/posterior aspect of the left ankle. The pain shot up the left leg into the knee and was worse at the end of the day. There was no previous history of trauma. He is currently working regular duty. The exam was positive for diffuse left ankle tenderness and crepitus with range of motion testing. There was normal muscle strength and the radiographs did not show an ankle fracture.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Topical Salicylate.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine; Topical Analgesics Page(s): 111-112.

**Decision rationale:** Terocin topical pain relief lotion is composed of methyl Salicylate 25%, Capsaicin 0.025%, Menthol 10%, and Lidocaine 2.50%. Per the Medical Treatment Utilization Schedule, if one drug (or drug class) in the compounded product is not recommended then the entire compound is not recommended. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. There is no medical documentation that this individual has failed other medications, as he was taking Norco and ibuprofen. In addition, per the Medical Treatment Utilization Schedule, topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or serotonin norepinephrine reuptake inhibitors, anti-depressants or an antiepileptic drug, such as gabapentin). This is not a first-line treatment and is only Food and Drug Administration approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-pruritics. There is no documentation that this worker has failed a first-line medication therapy. Therefore, this service is not medically necessary.