

Case Number:	CM14-0197225		
Date Assigned:	12/05/2014	Date of Injury:	12/26/2011
Decision Date:	03/04/2015	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/24/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Virginia
 Certification(s)/Specialty: Neurology

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, the injured worker is a 45-year-old with a date of injury of 12/26/2011. The mechanism of injury occurred when the injured worker was pulling a trash dumpster and a dumpster ran over his left foot. There is a clinical note dated 09/26/2014. The pain level at this time was 7/10. The claimant had continuous left foot pain after work. He walked quite a bit at work. He worked full time. At the time of this clinical note, he had been using a TENS unit and topical cream. He preferred not to take oral medications at that point. When he used the cream, his pain was decreased by greater than 50%. He denied new symptoms at the time other than chronic left foot pain. On physical exam there was pain to touch the left foot. The mental status was normal. The diagnosis was and left foot sprain/strain as well as left foot contusion. There was no documentation in the medical records to reflect a diagnostic workup or a specific treatment plan for the patient's condition.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin cream x 2 months: 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): 111-112.

Decision rationale: Chronic pain medical treatment guidelines recommend that topical analgesics for pain treatment are largely experimental in use with few randomized controlled trials to determine the efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas. The advantages include lack of systemic side effects, absence of drug interactions, and no need to titrate. The guidelines further state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Terocin cream contains methyl salicylate, capsaicin, menthol and lidocaine. The guidelines state that nonsteroidal anti-inflammatory agents used topically have been shown in clinical trials to be mostly inconsistent. Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (Tri-cyclic or SNRI anti-depressants or AED such as gabapentin or Lyrica. Capsaicin is only recommended as an option in patients who have not responded to or are intolerant to other treatments. In the case of the injured worker above there is no documentation in the medical records of a specific treatment plan, workup or response to medications. The use of a topical analgesic in this case is largely experimental. Therefore, according to the guidelines and a review of the evidence, the use of Terocin cream is not medically necessary.