

<b>Case Number:</b>	CM14-0201142		
<b>Date Assigned:</b>	12/23/2014	<b>Date of Injury:</b>	03/19/2010
<b>Decision Date:</b>	01/28/2015	<b>UR Denial Date:</b>	11/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2014

### 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 Physical Medicine Rehab, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 46 year old male with a date of injury of March 19, 2010. Results of the injury include leg pain, left knee pain, and right foot pain. Diagnosis include S/P left distal fibular fracture, S/P left medial Malleolar fracture, S/P right navicular/cuboid fracture, S/P ORIF of left distal fibular and left medial Malleolus fracture, S/P removal of lateral malleolus plate and screws, and medial malleolus deep buries scres, left ankle traumatic arthritis with residual scarring, left Peroneal superficial neuropathy, left knee posterior horn medial meniscal tear, chronic back pain, L5-S1 disc protrusion with right radiculopathy, overlying paraspinal, thoracic para spinal strain, poor coping with chronic pain, depression, sleep disturbance, and, hypertension, hyperlipidemia, diabetes, and sexual dysfunction. Treatment included anti inflammatories, analgesics, back support, knee brace, surgery, physical therapy, and omeprazole. Magnetic resonance Imaging left knee showed moderately large horizontal tear through the medial meniscus from the capsule to the center of the tibial surface of the posterior horn and elongated parameniscal ganglion extending from the center of the posterior horn peripherally and anteriorly to the posterior border of the medial collateral ligament Magnetic resonance imaging of the lumbar spine showed L5-S1 broad based bulge of 4 mm with a superimposed left posterior paracentral disc protrusions and moderate central canal narrowing. Magnetic resonance imaging scan of the left ankle showed prominent dorsal talar break with anterior tarsal tunnel compression. Progress report dated November 15, 2014 showed residual swelling to the left ankle and foot. There was decreased range of motion. There was tenderness over the medial joint line. Treatment plan included Treatment included anti inflammatories, analgesics, back support, knee brace, and ankle lace up, surgery, physical therapy, and omeprazole. Utilization review form dated November 5, 2014 non certified Terocin 120ml and 1 Heel cups due to noncompliance with MTUS and Official Disability Index.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin 120ml:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals, Lidoderm (lidocaine patch) Page(s): 105, 56-57.

**Decision rationale:** Terocin 120ml is not medically necessary per MTUS guidelines. According to the Chronic Pain Treatment Guidelines MTUS, there is little use to support the use of many of these agents. (Topical analgesics) Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The active ingredient in Terocin Lotion are :Methyl Salicylate 25%, Capsaicin 0.025%, Menthol 10% Lidocaine 2.50% .Terocin contains Lidocaine which per MTUS guidelines : "Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia." Patient has no documentation that she meets the criteria for topical lidocaine and therefore this is not medically necessary. Capsaicin is contained within Terocin and per MTUS :Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments. There is no documentation that patient is intolerant to other oral medications or treatments. Salicylate Topicals are recommended by the MTUS and Terocin contains methyl salicylate .Menthol- The MTUS guidelines do not specifically discuss menthol. There is mention of Ben-Gay which has menthol in it and is medically used per MTUS for chronic pain. The patient does not meet the criteria for either Capsaicin and topical lidocaine in this case is not supported by the MTUS therefore the entire compounded product is not medically necessary. The request therefore for Terocin 240 ml is not medically necessary.

**1 Heel cups:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and foot- orthotic devices.

**Decision rationale:** 1 heel cups is not medically necessary per the MTUS ACOEM Guidelines. The guidelines state that heel donut is necessary for heel spur and plantar fasciitis. The ODG states that orthotics can be used for heel spur, plantar fasciitis. The documentation does not indicate specific complaints of heel pain, therefore, the request for 1 heel cups is not medically necessary.

