

<b>Case Number:</b>	CM14-0205587		
<b>Date Assigned:</b>	12/17/2014	<b>Date of Injury:</b>	08/28/2009
<b>Decision Date:</b>	02/10/2015	<b>UR Denial Date:</b>	12/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2014

### 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 Internal Medicine and is licensed to practice in New York. 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 claimant is a 27 yo female who sustained an industrial injury on 08/28/2009. The mechanism of injury was not provided for review. Her diagnoses include right ankle and right foot pain sprain/strain, sinus tarsi, edema, and neuropathic pain. On exam there is tenderness to palpation of the right lateral ankle. Treatment has included medical therapy including opiates, lidocaine and alcohol injections, Unna boot/cast and H wave therapy. The treating provider requested an x-ray of the right ankle and foot provided on 08/22/2014 and Terocin patches # 30 provided on 08/22/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective: X-ray of the right foot and ankle (DOS: 8-22-14): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 373 - 374. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle and Foot Chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Foot and Ankle

**Decision rationale:** There was no documentation provided necessitating the obtained x-ray of the right foot and ankle. Per ODG guidelines x-ray is indicated to assess clinical findings. Per

the documentation the claimant has undergone prior MRI imaging and there was no documentation indicating any new mechanism of injury or change in examination findings. Medical necessity for the requested item was not established. The requested item was not medically necessary.

**Retrospective: Terocin patches #30 (DOS: 8-22-14): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Section Page(s): 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Compounded Drugs Section

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

**Decision rationale:** There is no documentation provided necessitating use of the requested topical medications. Per California MTUS Guidelines topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, alpha-adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists,  $\gamma$  agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor) Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Regarding Terocin the medication contains methyl salicylate, capsaicin, menthol, and lidocaine. MTUS states that capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. There is no documentation of intolerance to other previous treatments. Medical necessity for the requested topical medications has not been established. The requested treatment is not medically necessary.