

Case Number:	CM14-0205633		
Date Assigned:	12/17/2014	Date of Injury:	07/02/2008
Decision Date:	02/28/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	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. 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 59-year-old man with date of injury 7/2/08. He is being treated for a crush injury to the lower extremity diagnosed as neuropathic pain following fractured tarsal bones. Physical examination is notable for crepitus, swelling and burning. Pain level is reported to be 7/10. Treatment has included electric stimulation, peripheral nerve block, supportive orthotics, anti-inflammatory and opioid analgesics medications. Request has been made for Terocin patches, 30 day supply.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription For Terocin Patches #30: Upheld

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

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

Decision rationale: The injured worker is being treated for chronic neuropathic foot pain following traumatic injury. Treatment has included oral antiinflammatory medications, physical

modalities and support braces. Examination includes findings of altered gait secondary to persistent foot pain, midfoot crepitus and swelling. Treatment diagnosis rendered his neuropathic pain from a crush injury with associated fractured tarsal bones. Prescription for Terocin patches which contains, Capsaicin .025%/Lidocaine 2.5%/menthol 10%/methyl salicylate 25%, has been requested to decrease oral pain medication requirements. MTUS guidelines specify that capsaicin 0.025% is recommended for treatment of osteoarthritis, posterior postherpetic neuralgia, diabetic neuropathy and post mastectomy pain. Lidocaine is indicated for localized peripheral pain after there has been a trial of first-line therapy such as tricyclic antidepressant or anticonvulsant. In the case of this injured worker there is inadequate documentation to demonstrate a trial of first-line therapy for neuropathic pain or a diagnosis of osteoarthritis; therefore, the request for topical Lidocaine and Capsaicin is not be medically necessary.