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| Case Number: | CM15-0101884 | | |
| Date Assigned: | 06/05/2015 | Date of Injury: | 03/12/2014 |
| Decision Date: | 07/03/2015 | UR Denial Date: | 05/05/2015 |
| Priority: | Standard | Application Received: | 05/27/2015 |

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: New York

Certification(s)/Specialty: Internal Medicine

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 63 year old female who sustained an industrial injury on 03/12/2014. Treatment provided to date has included: physical therapy, right ankle surgery (01/09/2015), and medications. Diagnostic tests performed include: MRI of the right ankle (no date given) which reportedly showed degenerative joint disease. There were no noted previous injuries or dates of injury, and no noted comorbidities. On 04/01/2015, physician progress report noted complaints of ankle pain. The physician noted "painful symptomologies of the ankle"; however, the specific ankle was not identified in the exam. No pain rating was provided. The injured worker reported that her pain had improved with physical therapy. The physical exam of the ankle revealed an antalgic shuffling gait with continuation of pes planus deformity, pain at the end of normal range of motion (ROM), and crepitus with ROM. The provider noted diagnoses of status post arthroscopic surgery to the left ankle, strain/sprain of the right ankle, degenerative joint disease of the ankle joint (confirmed on MRI), and painful gait. Although the diagnoses provided state that the injured worker was status post "left" ankle surgery, there is no correlation to the left ankle in the clinical notes and an operative report (01/09/2015) was provided showing "right" ankle surgery. The injured worker remained on modified work duties. Plan of care includes refill of Terocin cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Lotion 240gm: Upheld

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

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

Decision rationale: There is no documentation provided necessitating the use of the requested topical medication, Terocin. According to the 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, for example, NSAIDs, opioids, capsaicin, local anesthetics or antidepressants. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case there is no documentation provided necessitating Terocin. This 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 medications. Medical necessity for the requested topical medication has not been established. The requested treatment is not medically necessary.