

Case Number:	CM15-0108271		
Date Assigned:	06/12/2015	Date of Injury:	02/26/2014
Decision Date:	07/14/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	06/04/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 41 year old female who sustained an industrial injury on February 26, 2014. She complains of foot pain and has been diagnosed with sprain/strain of the foot great toe status post medial collateral ligament repair, left, hallux rigidus, bursitis of hip, sprain/strain of the sacroiliac joint, degenerative disc disease lumbar, and plantar fasciitis left. Treatment has included medications, physical therapy, activity modification, and chiropractic care. Duration of pain was described as constant. Severity of symptoms was described as moderate. Radiation of pain was to the left lower extremity. Associated symptoms included numbness and tingling to the left lower extremity. X-rays of the left foot revealed two screws on the medial aspect of the proximal phalanx, excellent great toe alignment. No significant interval changes. The treatment request included Terocin patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin patches #30: Upheld

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

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

Decision rationale: The injured worker sustained a work related injury on February 26, 2014. The medical records provided indicate the diagnosis of sprain/strain of the foot great toe status post medial collateral ligament repair, left, hallux rigidus, bursitis of hip, sprain/strain of the sacroiliac joint, degenerative disc disease lumbar, and plantar fasciitis left. Treatment has included medications, physical therapy, activity modification, and chiropractic care. The medical records provided for review do not indicate a medical necessity for Terocin patches #30. Terocin is a topical analgesic containing Methyl Salicylate 25%; Capsaicin 0.025%; Menthol 10%; and Lidocaine 2.50%. The topical analgesics are experimental drugs primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The MTUS does not recommend any compounded product that contains at least one drug (or drug class) that is not recommended. The requested treatment is not recommended due to the presence of Menthol 10%; and Lidocaine 2.50%.