

<b>Case Number:</b>	CM15-0166754		
<b>Date Assigned:</b>	09/04/2015	<b>Date of Injury:</b>	05/22/2014
<b>Decision Date:</b>	10/08/2015	<b>UR Denial Date:</b>	07/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2015

### 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: 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 45-year-old female with an industrial injury dated 05-22-2014. The injured worker's diagnoses include chronic instability of the left ankle with sprain and strain of the left ankle and painful gait. Treatment consisted of X-ray, injection, and periodic follow up visits. In a progress note dated 05-13-2015, the injured worker reported left ankle pain. The injured worker reported that her pain decreased from a 6 out 10 to 3 out of 10. The injured worker continues to have chronic instability and difficulty with prolonged ambulation and prolonged walking. Objective findings revealed swelling and edema in the lateral aspect of the left ankle, difficulty with heel and toe walking, positive anterior drawer sign and positive talar tilt sign. The treating physician prescribed Retro Terocin Lotion 120ml #1 bottle (DOS: 5-14-15) and Retro 1st Relief Topical Spray 12oz #3 bottles (DOS: 5-14-15), now under review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro Terocin Lotion 120ml #1 bottle (DOS: 5/14/15): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** The patient presents with left ankle pain. The request is for RETRO TEROGIN LOTION 120ML #1 BOTTLE (DOS: 5/14/15). The request for authorization is not provided. Physical examination reveals swelling and edema to the lateral aspect of the left ankle that continues to persist. She has difficulty with toe walking, squatting or crouching. Positive anterior drawer sign. Positive talar tilt sign. Per progress report dated 06/01/15, the patient is full duty. MTUS, Topical Analgesics section, page 111 has the following: Topical Lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of Lidocaine whether creams, lotions or gels, are indicated for neuropathic pain. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Treater does not specifically discuss this medication. Prescription history for Terocin Lotion is not provided to determine when this medication was initiated. MTUS page 111 states that if one of the compounded topical products is not recommended, then the entire product is not. In this case, the requested topical compound contains Lidocaine, which is not supported for topical use in lotion form per MTUS guidelines. Therefore, the request WAS NOT medically necessary.

**Retro 1st Relief Topical Spray 12oz #3 bottles (DOS: 5/14/15): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** The patient presents with left ankle pain. The request is for RETRO 1ST RELIEF TOPICAL SPRAY 12OZ #3 BOTTLES (DOS: 5/14/15). The request for authorization is not provided. Physical examination reveals swelling and edema to the lateral aspect of the left ankle that continues to persist. She has difficulty with toe walking, squatting or crouching. Positive anterior drawer sign. Positive talar tilt sign. Per progress report dated 06/01/15, the patient is full duty. MTUS, Topical Analgesics section, page 111 has the following: Topical Lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of Lidocaine whether creams, lotions or gels- are indicated for neuropathic pain. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Treater does not specifically discuss this medication. Prescription history for 1st Relief Topical Spray is not provided to determine when this medication was initiated. This medication's active ingredients include lidocaine 4% and Menthol 1%. MTUS page 111 states that if one of the compounded topical products is not recommended, then the entire product is not. In this case, the requested topical compound contains Lidocaine, which is not supported for topical use in lotion form per MTUS guidelines. Therefore, the request WAS NOT medically necessary.