

<b>Case Number:</b>	CM15-0182701		
<b>Date Assigned:</b>	09/23/2015	<b>Date of Injury:</b>	10/04/2007
<b>Decision Date:</b>	11/17/2015	<b>UR Denial Date:</b>	08/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 55 year old male who sustained an industrial injury on 10-04-2007. A review of the medical records indicated that the injured worker is undergoing treatment for chronic left ankle pain. The injured worker is status post left ankle surgery times 2 (no date documented). According to the treating physician's progress report on 07-02-2015, the injured worker continues to experience left ankle pain rated at 4 out of 10 on the pain scale with approximately 40%-50 % relief of pain with medications. A second opinion for ankle fusion authorization had expired prior to the injured worker making the appointment. Examination demonstrated a well-healed scar and medial and lateral tenderness to palpation of the left ankle with mild swelling. Peripheral pulses were present with diminished strength in dorsiflexion, plantar flexion, inversion and eversion of the left ankle. Sensory examination and deep tendon reflexes were intact. Prior treatments have included diagnostic testing, left ankle brace, physical therapy and medications. Current medications were listed as Tramadol ER, Nucynta, Protonix, and Terocin lotion to the left ankle. Treatment plan consists of continuing medication regimen and the current request for Terocin lotion #1 (DOS 8/6/2015). On 08-14-2015 the Utilization Review determined the retrospective request for Terocin lotion #1 (DOS 8/6/2015) not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro request for Terocin lotion #1 (DOS 8/6/2015): 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:** Terocin patch contains .025% Capsaicin, 25% Menthyl Salicylate, 4% Menthol and 4% Lidocaine. According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). In this case, there is no documentation of failure of 1st line medications. In addition, other topical formulations of Lidocaine are not approved. The claimant remained on oral opioids as well for pain without reduction in use. There was no mention of arthritis for which topical NSAIDS can be used for the short term. Any compounded drug that is not recommended is not recommended and therefore Terocin patches are not medically necessary.