

Case Number:	CM15-0199099		
Date Assigned:	11/06/2015	Date of Injury:	06/23/1997
Decision Date:	12/18/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	10/09/2015

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, Oregon,
 Washington Certification(s)/Specialty: Orthopedic
 Surgery

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 injured worker who sustained an industrial injury on June 23, 1997. Medical records indicated that the injured worker was treated for left ankle and foot pain. Medical diagnoses include decreased calcaneal inclination angle, secondary to crush injury, left subtalar joint and left ankle joint crush injury, left traumatic arthritis subtalar joint, atrophy of the left lower extremity, bilateral plantar fasciitis, antalgic gait secondary to injury, leg length discrepancy and left knee, hip and back strain. In the provider notes dated July 21, 2015 the injured worker complained of ankle and foot pain. He has "decreased mobility of the ankle and foot, traumatic arthritis, crepitus, altered weight bearing and hypesthesia dysesthesia coolness to the lower extremity and foot, atrophy of the ankle with chronic swelling; leg length discrepancy." The treatment plan is for medication refills. He has been prescribed Terocin patches since at least September 11, 2014. A Request for Authorization was submitted for Terocin patch #30 and Norco 10 325. The Utilization Review dated October 1, 2015 noncertified the request for Terocin patch #30 and Norco 10 325.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin patch Qty 30: 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 is composed of methyl salicylate, capsaicin, menthol and Lidocaine hydrochloride. Per the CA MTUS regarding topical analgesics, Chronic Pain Medical Treatment Guidelines, Topical analgesics, page 111-112 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. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. CA MTUS guidelines state that Capsaicin, topical is recommended only as an option in patients who have not responded or are intolerant to other treatments. The indications for this topical medication are as follows: There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain, but it should be considered experimental in very high doses. According to the CA MTUS Chronic Pain Medical Treatment Guidelines, page 56 and 57, regarding Lidocaine, may be 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). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. In this case the exam note from 7/21/15 demonstrates there is no evidence of failure of first line medications such as Gabapentin or Lyrica. Additionally this patient does not have a diagnosis of post-herpetic neuralgia or neuropathic pain. In this case the current request does not meet CA MTUS guidelines and therefore the request is not medically necessary.