

Case Number:	CM15-0023423		
Date Assigned:	02/13/2015	Date of Injury:	06/05/2009
Decision Date:	03/25/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	02/09/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 59 year old male, who sustained an industrial injury on June 5, 2009. He has reported a leg injury, chronic right ankle pain. The diagnoses have included lower leg injury. Treatment to date has included medications, transcutaneous electrical nerve stimulation, paraffin wax bath, and surgery. Currently, the IW complains of ankle pain. He rates his ankle pain as 9/10 on a pain scale. He reports numbness, instability, and an electrical feeling in the foot. He reports not wanting to take medications on a regular basis. He is noted to have a history of diabetes. Physical findings are noted as tenderness over the right ankle, ankle swelling, abnormal reflexes, abnormal gait, extensive surgical scars, and decreased range of motion. On January 15, 2015, Utilization Review non-certified Terocin topical analgesic cream. The Chronic Pain Medical Treatment guidelines were cited. On February 9, 2015, the injured worker submitted an application for IMR for review of Terocin topical analgesic cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro request for an unknown prescription of terocin topical analgesic cream DOS:

1/7/2015: Overturned

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

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

Decision rationale: The claimant is more than five years status post work-related injury to the lower leg and continues to be treated for chronic right ankle pain. He has undergone numerous treatments including surgery, therapy with modalities including the use of TENS, and medications. Terocin is a topical analgesic containing lidocaine and menthol. Topical lidocaine in a formulation that does not involve a dermal-patch system can be recommended for localized peripheral pain. Menthol which is used as a topical analgesic in over the counter medications such as Ben-Gay or Icy Hot. In this case, the claimant has localized pain affecting the right ankle amenable to topical treatment. Therefore, Terocin cream was medically necessary.