

Case Number:	CM15-0219228		
Date Assigned:	11/12/2015	Date of Injury:	09/13/2012
Decision Date:	12/28/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	11/06/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 57 year old female who sustained an industrial injury on September 13, 2012. The worker is being treated for: plantar fasciitis right foot, and osteochondritis dissecans right ankle. Subjective: July 27, 2015 she reported complaint of pain in the right ankle and foot. Her symptoms increase with weight bearing and prolonged walking. She does not believe that her condition had shown any dramatic improvement, she also reported migrainous headaches. September 21, 2015 she reported complaint of pain in the cervical spine that is aggravated by repetitive movements of the neck with associated headaches. Objective: July 27, 2015 noted the patient walking with somewhat of an altered gait and noted function is diminished. There is note of minimal telangiectasia's bilaterally. The right ankle and foot positive for swelling and edema and noted most symptoms are to the left foot due to compensatory pain. Diagnostic: July 2015 echocardiogram, laboratory work up, September 2015 MRI cervical spine, brain. Medication: July 2015 at follow up noted "medications refilled as there is noted benefit." Treatment: the worker is noted being status post ACDF, July 27, 2015 noted POC to continue therapy and rehabilitation at home; July 2015, and September 2015 administered intraarticular injection to right shoulder. On September 21, 2015 a request was made for Terocin lotion 240GM 30 dys that was noncertified by Utilization Review on October 09, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin lotion 240gms for 30 days: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.leginfo.ca.gov/pub/11-12/bill/asm/ab_0351-0400/ab_278_bill_20110908_amended_sen_v94.html.

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

Decision rationale: The MTUS Guidelines strongly emphasize that any compound product that contains at least one drug or drug class that is not recommended is itself not recommended. The requested compound contains the medications 4% lidocaine (an anesthetic) and 4% menthol (a pain reliever). The MTUS Guidelines recommend topical lidocaine for localized pain after first-line treatment has failed to manage it sufficiently. Only the dermal patch is FDA-approved and recommended by the Guidelines. Topical menthol is not recommended by the MTUS Guidelines. The submitted and reviewed documentation contained no discussion reporting special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for 240g of Terocin (topical 4% lidocaine with 4% menthol) lotion for thirty days is not medically necessary.