

<b>Case Number:</b>	CM15-0034970		
<b>Date Assigned:</b>	03/03/2015	<b>Date of Injury:</b>	10/13/2014
<b>Decision Date:</b>	04/20/2015	<b>UR Denial Date:</b>	02/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2015

### 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, Washington

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 27-year-old male who reported an injury on 10/13/2014. The injured worker was reportedly carrying roofing material when he stepped on a rock and twisted his left ankle. The current diagnoses include sprain/strain of the ankle, laxity of a ligament, and encounter for long term use of medication. The injured worker presented on 01/28/2015 for a followup evaluation with complaints of persistent left ankle pain. Previous conservative management includes physical therapy and injections. The injured worker had completed approximately 7 sessions of physical therapy. The current medication regimen includes Terocin patch, Vicodin 5/300 mg, piroxicam 20 mg and Q-Pap extra strength 500 mg. Upon examination of the left ankle, there was swelling along the Achilles tendon insertion and subtle joint, restricted plantar flexion to 20 degrees due to pain, dorsiflexion limited to 25 degrees due to pain, tenderness to palpation, and positive anterior drawer sign. There was 4/5 motor weakness on the left. Recommendations included continuation of the current medication regimen and a second opinion with a surgeon. A short course of acupuncture was also recommended at that time. There is no Request for Authorization Form submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin patch 4% Qty: 30 patches/month (0 refills): Upheld**

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

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

**Decision rationale:** California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants or anticonvulsants have failed. In this case, the injured worker has continuously utilized the above medication for an unknown duration. There was no documentation of objective functional improvement. There was no mention of a failure of first line oral medication prior to the initiation of a topical analgesic. Additionally, the request as submitted failed to indicate a frequency. Given the above, the request is not medically appropriate at this time.