

Case Number:	CM15-0060654		
Date Assigned:	04/06/2015	Date of Injury:	08/23/2014
Decision Date:	05/05/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	03/30/2015

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: North Carolina, Georgia
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 34 year old male with an industrial injury dated August 23, 2014. The injured worker diagnoses include chronic anterior talofibular ligament (ATFL) sprain, chronic sinus tarsi syndrome, and longitudinal tear of the peroneus brevis tendon. He has been treated with diagnostic studies, prescribed medications, corticosteroid injection, CAM walker and periodic follow up visits. According to the progress note dated 1/19/2015, the injured worker presented for follow-up for industrial right ankle injury. Objective findings revealed smooth, full ankle range with no instability, no tenderness and no inflammation. The treating physician reported an almost completely healed right ankle injury. The treating physician prescribed Terocin and Trepadone now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown prescription of Terocin: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Topical analgesics, compounded.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2
Page(s): 111-113.

Decision rationale: CA MTUS recommends limited use of topical analgesics. There is limited evidence for short-term use of topical NSAID analgesics for osteoarthritis with most benefit seen in use up to 12 weeks but no demonstrated benefit beyond this time period. CA MTUS specifically prohibits the use of combination topical analgesics in which any component of the topical preparation is not recommended. Terocin cream contains methyl salicylate, menthol, capsaicin and lidocaine. Methyl salicylate is a non-steroidal anti-inflammatory agent that could be indicated for limited use, but menthol is not a recommended topical analgesic. Lidocaine cream is to be used with extreme caution due to risks of toxicity. As such, Terocin cream is not medically necessary and the original UR decision is upheld..

Unknown prescription of Trepadone: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Medical Food.

Decision rationale: CA MTUS is silent on the use of medical food products, such as Trepadone, in chronic pain. ODG addresses the use of medical food in the section on pain. Medical foods are not recommended for treatment of chronic pain, as they have not been shown to produce meaningful benefits or improvements in functional outcomes. FDA defines a medical food as "a food which is formulated to be consumed or administered enterally under the supervision of a physician and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation." There are no quality studies demonstrating the benefit of medical foods in the treatment of chronic pain. The use of Trepadone is not medically necessary.