

Case Number:	CM15-0082483		
Date Assigned:	05/04/2015	Date of Injury:	10/02/2009
Decision Date:	06/03/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	04/29/2015

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 33 year old female, who sustained an industrial injury on 10/02/2009. She has reported subsequent bilateral ankle and lower extremity pain and was diagnosed with traumatic arthritis, legatropy and neuropathic pain. Treatment to date has included oral and topical pain medication, unna boot, iontophoresis and surgery. In a progress note dated 10/22/2014, the injured worker complained of medial and lateral ankle pain. Objective findings were notable for tibialis post tendon tear/crepitus, edema, neuropathy and abnormal gait. A request for authorization of Terocin patches was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin patches #30, dispensed 09/05/14: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 49, Chronic Pain Treatment Guidelines Topical analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p60 (2) Topical Analgesics, p111-113.

Decision rationale: The claimant has a remote history of a work injury occurring in October 2009 and continues to be treated for bilateral ankle pain. When seen, there was an antalgic gait and edema. Medications also include Motrin. Terocin contains methyl salicylate, capsaicin, menthol, and Lidocaine. Menthol and methyl salicylate are used as a topical analgesic in over the counter medications such as Ben-Gay or Icy Hot. They work by first cooling the skin then warming it up, providing a topical anesthetic and analgesic effect which may be due to interference with transmission of pain signals through nerves. Guidelines address the use of capsaicin, which is believed to work through a similar mechanism. It is recommended as an option in patients who have not responded or are intolerant to other treatments. Topical lidocaine in a formulation that does not involve a dermal-patch system can be recommended for localized peripheral pain. Additionally, methyl salicylate metabolizes into salicylates, including salicylic acid, a non-steroidal anti-inflammatory medication. In this case, the claimant's medications include the oral non-steroidal anti-inflammatory medication Motrin without report of adverse effect. The need to prescribe two non-steroidal anti-inflammatory medications is not established. Guidelines also recommend that when prescribing medications only one medication should be given at a time. By prescribing a multiple combination medication, in addition to the increased risk of adverse side effects, it would not be possible to determine whether any derived benefit is due to a particular component. Therefore, this medication is not medically necessary.