

Case Number:	CM15-0085643		
Date Assigned:	05/08/2015	Date of Injury:	03/12/2014
Decision Date:	06/10/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/05/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 61 year old female who sustained an industrial injury on 03/12/14. Initial complaints and diagnoses are not available. Treatments to date include medications and steroid injection into the knee. Diagnostic studies include a MRI. Current complaints include bilateral knee and left foot pain. Current diagnoses include bilateral knee pain, left ankle and foot pain, and rule out Morton's neuroma. In a progress note dated 04/08/15 the treating provider reports the plan of care as a Lidocaine injection into the left foot under ultrasound guidance done in the office on the date of service, as well as a podiatry consultation, medications including ibuprofen, Lidoderm Patches, and amitriptyline. The requested treatments are Terocin patches dispensed on 04/08/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Terocin Patch 4%, #30 (dispensed on 4/8/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Lidocaine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Salicylate topicals and on the Non-MTUS website, Drugs.com.

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

Decision rationale: Guidelines state that topical medications are largely experimental in use. Terocin contains lidocaine and menthol. Guidelines also state that any compounded product that contains at least one drug that is not recommended is not recommended. Since menthol is not recommended, Terocin is not recommended. The request for Terocin Patch 4% #30 is not medically appropriate and necessary.