

Case Number:	CM14-0149310		
Date Assigned:	09/18/2014	Date of Injury:	08/07/2012
Decision Date:	11/13/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/15/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in Texas and Ohio. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 53-year-old male with a reported date of injury on 08/07/2012. The mechanism of injury was a fall. The injured worker's diagnoses included ankle sprain/strain. The injured worker's past treatments included pain medication. The unofficial MRI of the right ankle showed fusiform enlargement and the distal Achilles tendon measuring up to 13 to 14 mm in diameter. There was no surgical history noted in the records. The subjective complaints on 07/16/2014 included right ankle pain. The physical examination of the right ankle noted pain along the Achilles tendon, fusiform swelling, and gastrosoleus strength of 4/5. The inversion stress test was normal. There was decreased range of motion to the right ankle as needed. The injured worker's medications included tramadol 50 mg. The treatment plan was to order physical therapy. A request was received for Terocin. The rationale for the request was not provided. The Request for Authorization form was not provided in the records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin: 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 Topical Analgesics Page(s): 111-112.

Decision rationale: The request for Retrospective request for Terocin. Dispensed 7/16/14 is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines also state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Terocin patches contain Lidocaine 2.50%, Capsaicin 0.025%, Menthol 10%, and Methyl Salicylate 25%. About Lidocaine, the guidelines state that there are no commercially approved topical formulations of Lidocaine for neuropathic pain other than Lidoderm brand patches. About Capsaicin, it is recommended only as an option in patients who have not responded or are intolerant to other treatments. About Methyl Salicylate is significantly better than placebo in chronic pain when used as mono therapy. There is no rationale provided why Methyl salicylate is to be compounded. For the reasons listed above the request is not supported by the guidelines. As such, the request is not medically necessary.