MAXIMUS Federal Services

Case Number:	CM14-0096304		
Date Assigned:	08/06/2014	Date of Injury:	06/16/2010
Decision Date:	10/03/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	06/24/2014

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 and is licensed to practice in California. 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:

This injured worker is a 48 year old female who reported an injury on 06/16/2010. The mechanism of injury was not provided. The injured worker had a diagnosis of right posterior tibial tendon tear, sinus tarsi syndrome, pain. Past treatment included medications, surgery, and casting of the right foot. Diagnostic testing included x-rays. The injured worker underwent right posterior tibial tendon tear repair with graft. The injured worker complained of intermittent aching pain and discomfort aggravated by increased weight bearing activity, rated 3/10 on 04/29/2014. The injured worker stated she had 70-80% improvement with her right low-dye strap. The physical examination was unchanged from the previous examination; however, the requesting physician did not provide the previous examination note for review. Medications were not indicated within the documentation. The treatment plan was for Terocin 240 units, 1 month supply retrospective 04/29/2014. The rationale for the request was not submitted. The request for authorization form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Teroxin 240 units, 1 month supply. Retrospective 4/29/2014.: Upheld

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

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

Decision rationale: The request for Terocin 240 units, 1 month supply is not medically necessary. The injured worker complained of intermittent aching pain and discomfort aggravated by increased weight bearing activity. The injured worker has a history of chronic pain. Terocin topical lotion contains Casaicin 0.0325%, Menthol 10%, Lidocaine 4.5% and Menthyl Salicylate 27.5%. The California MTUS Guidelines state that topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines also state that any compound product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines state that there have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide efficacy. The guidelines note topical salicylate is significantly better than placebo in chronic pain. Capsaicin is recommended for patients with osteoarthritis, postherpetic neuralgia, diabetic neuropathy, and post mastectomy pain, only as an option in patients who have not responded or are intolerant to other treatments. The guidelines recommend the use of Lidocaine for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Topical Lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. No other commercially approved topical formulations of Lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. There is a lack of documentation indicating the injured worker has been unresponsive to or has not tolerated other treatments. The guidelines indicate there have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation is effective. The guidelines do not recommend Lidocaine in cream form for topical application. As the guidelines note any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended, the medication would not be indicated. Additionally, the request does not indicate the frequency at which the medication is prescribed and the site at which it is to be applied in order to determine the necessity of the medication. Given the above, the request is not medically necessary.