

Case Number:	CM14-0215457		
Date Assigned:	01/05/2015	Date of Injury:	07/10/2014
Decision Date:	03/04/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	12/23/2014

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. 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: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 patient is a 21-year-old male who sustained a work related injury to his left ankle on 7/10/14. He was seen at [REDACTED] where he was prescribed NSAIDs and physical therapy. He was seen by a DPM on 11/7/14 where an ultrasound was performed with a diagnoses of left ankle sprain with anterior talo fibular ligament grade 1/2 sprain, peroneus brevis tendinitis, post traumatic ankle synovitis, and suspected left dorsal ganglionic cyst. The patient was treated with cortisone shot, and ankle brace. Ankle x-ray report dated 8-18-14 showed no evidence of acute traumatic fracture. Mild calcaneal spurring at the achilles insertion is noted. The 11/7/14 attending physician report indicates that the patient complains of pain in the left ankle at rest which worsens with standing or walking greater than two hours. He also complains of a painful lump on the dorsal left foot over the 4th metatarsal shaft. Physical exam reveals tenderness to palpation. Ankle range of motion is smooth, full, and pain free with no signs of instability. Ultrasound shows evidence of chronic injury/inflammation. The current diagnoses are: Left ankle sprain with ATFL grade 1/2 sprain, peroneus brevis tendonitis, and post-traumatic ankle synovitis; Suspected Left dorsal ganglionic cyst post-traumatic. The utilization review report dated 12/17/14 denied the request for Retrospective Terocin, (DOS 11/07/14) based on lack of medical necessity per MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Terocin, (DOS 11/07/14): 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 patient presents with persistent left ankle pain and pain in the left 4th metatarsal shaft. The treater is requesting Terocin lotion. Terocin contains methyl salicylate, capsaisin, lidocaine and menthol. The MTUS guidelines page 112 on topical lidocaine states, it is recommended for neuropathic pain. It also states "Recommended 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. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain." MTUS further states, "any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." For salicylate, a topical NSAID, MTUS does allow it for peripheral joint arthritis/tendinitis problems. Furthermore, the MTUS guidelines do not allow any other formulation of Lidocaine other than in patch form. In this case, the MTUS guidelines do not recommend a compounded product if one of the compounds are not indicated for use and Lidocaine is not supported in lotion form. As such, the recommendation is for denial.