

<b>Case Number:</b>	CM15-0010196		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	08/24/2012
<b>Decision Date:</b>	03/17/2015	<b>UR Denial Date:</b>	01/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/16/2015

### 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, Pennsylvania, Washington  
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 36 year old male, who sustained an industrial injury on 08/24/2012. The diagnoses have included left ankle sprain and plantar fasciitis. Treatments to date have included physical therapy, cortisone injection, and medications. Diagnostics to date have included left ankle MRI on 05/02/2014 which showed a small joint effusion. In a progress note dated 08/18/2014, the injured worker presented with complaints of left foot and ankle pain. The treating physician reported a relatively normal examination with normal range of motion in all direction with pain on dorsiflexion with inversion and plantar flexion with inversion. Utilization Review determination on 01/07/2015 non-certified the request for Terocin Patch #10, Dendracin 120ml, and Tramadol HCL ER 150mg Capsulte #30 citing Medical Treatment Utilization Schedule Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin Patch # 10:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals, Topical Analgesics Page(s): 105, 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, 9792.26 Page(s): 56-57 and 112.

**Decision rationale:** This injured worker has chronic pain with an injury sustained in 2012. Terocin includes topical lidocaine and menthol. Per the guidelines, topical lidocaine may be 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). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. The medical records do not support medical necessity for the prescription of terocin in this injured worker.

**Dendracin 120ml:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Salicylate Topicals Page(s): 111, 105.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20,9792.26 Page(s): 111-112.

**Decision rationale:** This injured worker has chronic pain with an injury sustained in 2012. Per the guidelines, topical analgesics are largely experimental with few randomized trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no documentation of efficacy with regards to pain and functional status or a discussion of side effects specifically related to the topical analgesic. Regarding topical dendracin in this injured worker, the records do not provide clinical evidence to support medical necessity.

**Tramadol HCL ER 150mg Capsule # 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78, 93-94.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, 9792.26 Page(s): 84-94.

**Decision rationale:** Per the guidelines, tramadol is a centrally acting analgesic reported to be effective in managing neuropathic pain. There are three studies comparing Tramadol to placebo that have reported pain relief, but this increase did not necessarily improve function. There are no long-term studies to allow for recommendations for longer than three months. The MD visit of 8/14 fails to document any improvement in pain, functional status or a discussion of side effects specifically related to tramadol to justify use. The medical necessity of tramadol is not substantiated.