

<b>Case Number:</b>	CM15-0114087		
<b>Date Assigned:</b>	06/22/2015	<b>Date of Injury:</b>	09/05/2013
<b>Decision Date:</b>	07/21/2015	<b>UR Denial Date:</b>	06/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/15/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 52 year old female, who sustained an industrial injury on 9/5/2013. The current diagnoses are metatarsalgia of the right second and third metatarsals, plantar fasciitis of the right foot, sprain/strain of the right ankle rule out ligament injury, and painful gout. According to the progress report dated 5/6/2015, the injured worker complains of frequent, aching in the right forefoot, mostly 2nd and 3rd toes. She also has Achilles, subtalar joint, heel, and arch pain. The pain is aggravated by walking and standing. She reports numbness and weakness in the right foot. The pain ranges from 2-7/10 on a subjective pain scale. Additionally, she reports frequent, aching in the right ankle at the posterolateral aspect and heel cord with occasional sharp, shooting pain in the same area with activity. The pain extends to the right leg. She notes mild weakness in the right ankle. The pain in the right ankle ranges from 2-9/10. The physical examination reveals pain to palpation of the medial and central bands of the plantar fascia. The current medications are Naproxen and Ibuprofen. Treatment to date has included medication management, ice, x-rays, MRI studies, ankle support, physical therapy, and ultrasound therapy. The plan of care includes prescription for Terocin lotion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin lotion 120 gm:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p60 (2) Topical Analgesics, p111-113.

**Decision rationale:** The claimant sustained a work injury in September 2013 and continues to be treated for right ankle pain. When seen, physical therapy and trigger point injections had provided mild benefit. Pain was rated at 4-5/10. Physical examination findings were unchanged with previous examination documenting right upper extremity guarding and difficulty transitioning positions and moving stiffly. Medications include Naprosyn. Terocin contains methyl salicylate, capsaicin, menthol, and Lidocaine. Topical lidocaine in a formulation that does not involve a dermal-patch system can be recommended for localized peripheral pain. Menthol and methyl salicylate are used as a topical analgesic in over the counter medications such as Ben-Gay or Icy Hot. They work by first cooling the skin then warming it up, providing a topical anesthetic and analgesic effect which may be due to interference with transmission of pain signals through nerves. Guidelines address the use of capsaicin, which is believed to work through a similar mechanism and is recommended as an option in patients who have not responded or are intolerant to other treatments. Additionally, methyl salicylate metabolizes into salicylates, including salicylic acid, a non-steroidal anti-inflammatory medication. In this case, the claimant's medications include the oral non-steroidal anti-inflammatory medication Naprosyn without report of adverse effect. The need to prescribe two non-steroidal anti-inflammatory medications is not established. Guidelines also recommend that when prescribing medications only one medication should be given at a time. By prescribing a multiple combination medication, in addition to the increased risk of adverse side effects, it would not be possible to determine whether any derived benefit is due to a particular component. This medication is not medically necessary.