

Case Number:	CM15-0175102		
Date Assigned:	09/18/2015	Date of Injury:	01/01/2013
Decision Date:	10/20/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	09/04/2015

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 46 year old female, who sustained an industrial injury on January 1, 2013. The injured worker was being treated for an ankle sprain. Medical records (March 9, 2015 to July 6, 2015 indicate ongoing left foot and ankle pain with difficulty with prolonged standing and walking. Terocin patches are beneficial. The medical records show the subjective pain rating was 4 out of 10 on March 9, 2015. The medical records did not include documentation of the subjective pain ratings from April 6, 2015 to July 6, 2015. The physical exam (9/9/2015) reveals continued decreased range of motion of the left ankle, tenderness to palpation of the lateral ligaments and lateral malleolus with localized swelling, crepitus, and an abnormal gait. Per the treating physician (January 26, 2015 report), a MRI of the ankle was negative. Treatment has included at least 12 sessions of physical therapy, a splint, and topical pain medications (Terocin since at least January 2015) and non-steroidal anti-inflammatory. Per the treating physician (July 6, 2015 report), the injured worker is to continue working full duty. On August 3, 2015, the requested treatments included Terocin patch #10. On August 10, 2015, the original utilization review non-certified a request for Terocin patch #10.

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 Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch), Topical Analgesics.

Decision rationale: The claimant sustained a work injury in January 2013 when she fell downstairs carry laundry and twisted her ankle. She continues to be treated for chronic left ankle pain with a diagnosis of an ankle sprain. When seen, she was having continued difficulty with prolonged standing and walking. Physical examination findings included lateral ankle tenderness and tenderness over the lateral malleolus. There was decreased range of motion. Terocin was being prescribed and was continued. 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 after there has been evidence of a trial of first-line therapy with a tricyclic or SNRI anti-depressant or an anti-epilepsy drug such as gabapentin or Lyrica. 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. By prescribing a multiple combination medication, in addition to the increased risk of adverse side effects, it would be difficult or impossible to determine whether any derived benefit was due to a particular component. In this case, there are other single component topical treatments with generic availability that could be considered. This medication is not medically necessary.