MAXIMUS Federal Services

Case Number:	CM15-0175963		
Date Assigned:	09/17/2015	Date of Injury:	03/07/2014
Decision Date:	10/19/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	09/08/2015

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: North Carolina
Certification(s)/Specialty: Family Practice

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 30 year old male, who sustained an industrial injury on March 7, 2014. The injured worker is diagnosed as having an ankle sprain and post muscle and tendon reconstruction. His work status is regular duty. Currently, the injured worker complains of left ankle pain particularly with climbing a ladder, going up and down stairs and carrying his baby. Physical examinations dated May 22, 2015-June 26, 2015 reveal an altered gait (left sided heel strike and mid strike), left ankle "bogginess" and restricted plantar flexion 25 degrees, dorsiflexion 20 degrees, eversion 15 degrees and inversion 15 degrees due to pain. There is tenderness noted of the Achilles tendon and lateral and medial malleolus. He is able to bear weight; however it does cause pain. The anterior drawer sign and Tinel's tests are negative. The left medial side of the ankle is swollen and there is decreased muscle strength noted in the left dorsiflexors 4 on 5 and left ankle plantar flexors 4 on 5. A sensory examination is within normal limits and upper and lower extremity reflexes responded normally. He reported difficulty with household chores (both light and heavy), engaging in recreational activities, getting in and out of the bath, walking between rooms, putting on shoes-socks, squatting, lifting objects from the floor, getting in-out of the car, walking 2 blocks or more, going up-down 10 stairs, standing for one hour, running on even-uneven ground and hopping. Treatment to date has included acupuncture, which provided temporary relief per note dated June 26, 2015. Surgical intervention was not helpful, per acupuncture note dated June 5, 2015. An MRI from March 30, 2015 revealed "no fracture, subtalar coalition, plantar fasciitis and unremarkable sinus tarsi. It did reveal partial tearing of the tendon most prominent at the level of the head and neck of the talus. The tendon is still intact overall without evidence of complete tear. No retraction or gap. The vitamin E capsule marker denoting the injured workers pain is superficial to the partially

torn tendon", toxicology screen, medications (Meloxicam, Acetaminophen and Terocin Patch-for at least 7 months) and physical therapy. A request for Terocin patch 4-4% (one patch to affected area on 12 hours then off 12 hours) #30 to "reduce pain without oral medication use and improve function" was denied as the medication is not intended for chronic pain situations and is "intended for temporary relief of mild aches and pains of muscles or joints", per Utilization Review letter dated August 7, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin patch 4-4% 1 patch to affected area-12 hours on/12 hous off #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Methyl Salicylate.

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

Decision rationale: The California chronic pain medical treatment guidelines section on topical analgesics states: Recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The requested medication contains ingredients, which are not indicated per the California MTUS for topical analgesic use. Therefore, the request is not medically necessary.