

Case Number:	CM15-0177697		
Date Assigned:	09/18/2015	Date of Injury:	07/03/2013
Decision Date:	11/20/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	09/09/2015

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: California

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 injured worker is a 43 year old male, who sustained an industrial injury on 7-3-2013. A review of the medical records indicates that the injured worker is undergoing treatment for subtalar joint arthrodesis of the right foot, status post arthrodesis of the right foot 2-6-2015, comminuted fracture of the calcaneus, degenerative joint disease of the right subtalar joint, and a painful gait. On 7-27-2015, the injured worker reported right foot and ankle pain with prolonged weight bearing, otherwise doing very well. The Treating Physician's report dated 7-27-2015, noted the injured worker demonstrated less pain overall and was "extremely happy with the outcome from the provided treatment up to this point in time". The physical examination was noted to show minimal telangectasias were present bilaterally with well-healed incision to the ankle and foot secondary to the subtalar joint arthrodesis performed. The injured worker was noted to be ambulating with a moderately improved gait but continued to show symptoms of pain to prolonged functional weight bearing status and with symptoms of poor functionality without the use of shoe gear. The injured worker was noted to demonstrate slight eversion of the heel of the left foot, noted to be indicative of the possibility of degeneration of the subtalar joint status post arthrodesis. The treatment plan was noted to include awaiting authorization for a CT scan of the right foot, orthotics for stabilization of gait and to decrease ground reactive forces, and continued use of topical medications in the form of diminished pain with the use of topical medications represented a safer measure of medication therapy as they essentially eliminate the risks associated with the use of oral narcotics, and physical therapy to provide pain relief and increase function. The injured worker's work status was noted to be temporarily totally disabled. The request for authorization was noted to have requested Terocin patch and FCL 20%, 4%, 5%. The Utilization Review (UR) dated 8-11-2015, non-certified the requests for Terocin patch and FCL 20%, 4%, 5%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin patch: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Request under consideration include Terocin Patch. The provider has not submitted any new information to support for topical compound analgesic Terocin which was non-certified. Per manufacturer, Terocin is Methyl Salicylate 25%, Menthol 10%, Capsaicin 0.025%, Lidocaine 2.5%, Aloe, Borage Oil, Boswelia Serrat, and other inactive ingredients. Per MTUS, medications should be trialed one at a time and is against starting multiples simultaneously. In addition, Boswelia serrata and topical Lidocaine are specifically not recommended per MTUS. Per FDA, topical lidocaine as an active ingredient in Terocin is not indicated and places unacceptable risk of seizures, irregular heartbeats and death on patients. The provider has not submitted specific indication to support this medication outside of the guidelines and directives to allow for certification of this topical compounded Terocin. Additionally, there is no demonstrated functional improvement or pain relief from treatment already rendered for this chronic injury nor is there any report of acute flare-up, new red-flag conditions, or intolerance to oral medications. The Terocin patch is not medically necessary and appropriate.

FCL 20%, 4%, 5%: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with diffuse joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic to include a compounded NSAID over oral formulation for this chronic injury without documented functional improvement from treatment already rendered. Guidelines do not recommend long-term use of NSAID without improved functional outcomes attributable to their use. The FCL 20%, 4%, 5% is not medically necessary and appropriate.