

Case Number:	CM15-0066677		
Date Assigned:	04/14/2015	Date of Injury:	02/26/2014
Decision Date:	05/19/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	04/08/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, 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 41 year old female, who sustained an industrial injury on 02/26/2014. The initial complaints or symptoms included left foot injury/pain. The initial diagnoses was listed as back and lower extremities pain. Treatment to date has included conservative care, medications, conservative therapies, left foot surgery and electrodiagnostic testing. Currently, the injured worker complains of constant left great toe pain, low back pain and left foot pain. The diagnoses include left foot surgery, left hallux rigidus, bursitis of the left hip, sacroiliac joint strain/sprain, degenerative disc disease of the lumbar spine, and left plantar fasciitis. The treatment plan consisted of medications including omeprazole, naproxen sodium and Terocin patches, physical therapy, continued conservative care and follow-up clinic visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dispensed 2/11/15 Terocin patches #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter - Topical analgesic.

Decision rationale: The CA MTUS and the ODG guidelines recommend that topical analgesic products can be utilized for the treatment of localized neuropathic pain when treatment with first line anticonvulsant and antidepressant medications have failed. The records did not show subjective or objective findings consistent with a diagnosis of localized neuropathic pain such as CRPS. The diagnoses are musculoskeletal pain located in multiple joints. The guidelines recommend that topical analgesic medications be tried and evaluated individually for efficacy. The Terocin patch contains menthol 10% / lidocaine 2.5% / capsaicin 0.025% /methyl salicylate 25%. There is lack of guidelines or FDA support for the chronic use of menthol and methyl salicylate for the treatment of musculoskeletal pain. The criteria for the use of Terocin patch #30 DOS 2/11/2015 was not met. Therefore, the request for Dispensed 2/11/15 Terocin patches #30 is not medically necessary.