

Case Number:	CM15-0072718		
Date Assigned:	04/23/2015	Date of Injury:	02/22/1967
Decision Date:	05/20/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/16/2015

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, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 47 year old man sustained an industrial injury on 4/10/2013. The mechanism of injury is not detailed. Diagnoses include surgical shortening of the Achilles tendon and in duration and pain at the site of Achilles tendon insertion into calcaneous. Treatment has included oral medications. Physician notes dated 1/9/2015 show complaints of pain to the left leg, ankle, and extensor tendon on top of the foot of the second and third toes. A deep peroneal nerve injection was administered at this visit. Recommendations include Terocin patches, right foot and ankle MRI, physical therapy and follow up in two weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Patches 4 Percent/ 3 Percent #3 Boxes DOS 2/05/15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The injured worker sustained a work related injury on 4/10/2013. The medical records provided indicate the diagnosis of surgical shortening of the Achilles tendon and in duration and pain at the site of Achilles tendon insertion into calcaneus. Treatment has included oral medications. The medical records provided for review do not indicate a medical necessity for Terocin Patches 4 Percent/ 3 Percent #3 Boxes DOS 2/05/15. Terocin patch is a topical analgesic containing Methyl Salicylate 25%; Capsaicin 0.025%; Menthol 10%; and Lidocaine 2.50%. The topical analgesics are largely experimental drugs primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The MTUS recommends that any compounded product that contains at least one drug (or drug class) that is not recommended. Therefore, the requested topical analgesic is not medically necessary due to the presence of the non-recommended menthol, 2.5% Lidocaine (Lidocaine is recommended only as the Lidoderm patch formulation).