MAXIMUS Federal Services

Case Number:	CM15-0090822		
Date Assigned:	05/15/2015	Date of Injury:	10/15/2014
Decision Date:	06/23/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/11/2015

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: 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 was a 35 year old female, who sustained an industrial injury, October 15, 2014. The injured worker previously received the following treatments TED hose, for the left lower extremity, physical therapy, home exercise program, cane, Ibuprofen and Tylenol #3. The injured worker was diagnosed with strain/sprain of the left calf, MRI evidence of complete tear of the plantaris muscle and lower extremity swelling. According to progress note of April 3, 2015, the injured workers chief complaint was left calf pain and tingling. The injured worker rated the pain 7 out of 10. The pain was aggravated in the PM. Alleviating factors were medications, rest and pain ointment. The injured worker had been experiencing gastrointestinal upset for NSAID usage. The physical exam noted the gait and heel to toe stance was within normal limits. There was slight swelling, tightness and tenderness noted at the left calf. The Hommon sign was negative. The treatment plan included a new prescription for Terocin Lotion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin lotion x 1: 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 Topicals Page(s): 111.

Decision rationale: According to the MTUS, there is little to no research to support the use of topical compounded creams. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. Topical analgesics are largely experimental and there are a few randomized controlled trials to determine efficacy or safety. Therefore, at this time, the requirements for treatment have not been met and medical necessity has not been established. The request is not medically necessary.