

<b>Case Number:</b>	CM14-0140643		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	09/02/1997
<b>Decision Date:</b>	10/06/2014	<b>UR Denial Date:</b>	08/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/29/2014

### 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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in Arizona. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

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

Patient is a 74-year old female with a date of injury on 9/2/1997. Subjective complaints are of chronic right ankle pain with altered gait that is causing knee and hip pain. Physical exam shows ankle plantar and inversion weakness, posterior tibial tendon tingling with palpation, and a positive anterior drawer's test. Diagnosis is of tibialis tendinitis. The patient has utilized an ankle brace which helped with her symptoms. Submitted documentation indicates that patient had not had acupuncture within the last 3-4 weeks and that burning pain was worsening. Documentation indicates that the patient has had between 12-24 acupuncture sessions per year for the last 10 years. Acupuncture was noted as improving symptoms for 2-4 weeks at a time.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin lotion:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine, topical.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

**Decision rationale:** Terocin is a compounded medication that includes methyl salicylate, menthol, lidocaine, and capsaicin. CA MTUS Chronic Pain Guidelines are clear that if the

medication contains one drug that is not recommended the entire product should not be recommended. Topical lidocaine in the form of Lidoderm may be recommended for localized peripheral pain. No other commercially approved topical formulations of lidocaine are indicated. While capsaicin has some positive results in treating osteoarthritis, fibromyalgia and non-specific back pain, it has shown moderate to poor efficacy. Topical salicylates have been demonstrated as superior to placebo for chronic pain to joints amenable to topical treatment. The menthol component of this medication has no specific guidelines or recommendations for its indication or effectiveness. Due to Terocin not being in compliance to current use guidelines the requested prescription is not medically necessary.

**Acupuncture 12 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** CA MTUS Acupuncture guidelines indicate that time to produce functional improvement is 3-6 treatments. CA MTUS Acupuncture guidelines also recommend that acupuncture treatments may be extended if functional improvement is documented, with "functional improvement" meaning a significant increase in daily activities or reduction in work restrictions, as determined by subjective and objective findings. For this patient, previous acupuncture had been performed, and improvements meeting the above criteria were not evident. Therefore, Acupuncture 12 sessions is not medically necessary.