

Case Number:	CM14-0148927		
Date Assigned:	09/18/2014	Date of Injury:	02/05/2014
Decision Date:	10/23/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/12/2014

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 Internal Medicine has a subspecialty in Pulmonary Diseases and is licensed to practice in California. 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:

The injured worker is a 35-year-old male who reported an injury on 02/05/2014. The mechanism of injury was the injured worker was cutting grass on a hill and there was a hole he did not see. The injured worker stepped into the hole with his left foot, and fell to the right, injuring his foot. The injured worker underwent MRIs and x-rays. The prior treatments included therapy, an ankle brace and medications. The surgical history was stated to be none. Documentation of 08/14/2014 revealed the injured worker had pain in his ankle. The injured worker was wearing a Neoprene ankle brace. The injured worker had joint swelling of the left ankle and stiffness of the left ankle, along with tenderness. The injured worker had extremity weakness in the left lower extremity. Documentation indicated the injured worker had been utilizing Relafen 750 mg, and had a decrease in 50% of the pain; however, the relief was noted to be a short time only. The injured worker utilized tramadol for a 40% pain relief. The injured worker's current medications were noted to include Nabumetone 750 mg, Terocin with Lidocaine lotion, apply 2 mL 4 times a day by topical route, Tramadol 50 mg tablets, and Tramadol 100 mg tablets extended release 1 tablet daily. The physical examination revealed the injured worker had soft tissue tenderness over the dorsum of the foot of the left lower extremity anterior compartment of the leg and joint tenderness in the talocrural joint of the left lower extremity. The injured worker had joint swelling over the ankle of the left lower extremity and foot of the lower extremity. Range of motion was limited in all directions due to pain. The pain was increased to very light touch over the left foot. The left ankle skin had increased redness when compared to the right and was warmer to touch without signs and symptoms of infection. The diagnoses included sprain of the ankle and/or foot. The treatment plan included Nabumetone 750 mg, Terocin with Lidocaine and Tramadol 50 mg tablets. There was no Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin with Lidocaine 2.5%-25% 0.025%-10% lotion, apply 2-4 times a day #3 refill:2:
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 Salicylate Topical, Topical Analgesic, Topical Capsaicin, Lidocaine Page(s): 105 111 28 112. Decision based on Non-MTUS Citation <http://www.drugs.com/search.php?searchterm=Terocin>

Decision rationale: The California MTUS guidelines indicate that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety... are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed...Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended...Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments. The guidelines indicate that topical Lidocaine (Lidoderm) may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). ...No other commercially approved topical formulations of Lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The guidelines recommend treatment with topical salicylates. Per Drugs.com, Terocin is a topical analgesic containing Capsaicin / Lidocaine / Menthol / Methyl Salicylate. The clinical documentation submitted for review failed to indicate the injured worker had a trial and failure of antidepressants and anticonvulsants. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. There was a lack of documentation indicating a necessity for 2 refills without re-evaluation and a necessity for 3 containers of compounded lotion. The duration of use could not be established. Given the above, the request for Terocin with Lidocaine 2.5% - 25% - 0.025% - 10% lotion apply 2 to 4 times daily #3 refill x 2 is not medically necessary.

Tramadol 50mg 1 tab daily #30 refill:1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of medications Page(s): 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain ongoing management Page(s): 60 78.

Decision rationale: The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement and an objective decrease in pain and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review failed to meet the above criteria. The duration of use could not be established through supplied documentation.

There was a lack of documentation indicating the necessity for 1 refill without re-evaluation. Given the above, the request for Tramadol 50 mg 1 tab daily #30 refill 1 is not medically necessary.