

<b>Case Number:</b>	CM14-0016368		
<b>Date Assigned:</b>	04/11/2014	<b>Date of Injury:</b>	10/17/2012
<b>Decision Date:</b>	05/28/2014	<b>UR Denial Date:</b>	01/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2014

### 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 Physical Medicine and Rehabilitation 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 patient is a 28 year old female who was injured on 10/17/2012 while she was walking into her work building she stepped on a twig and rolled her ankle. She felt severe pain and noticed immediate swelling. She iced it and tried to elevate the foot. She went back to work but the pain was so severe. Prior treatment history has included emergency room x-rays taken which showed no fractures. The patient was given medications such as ibuprofen and Vicodin and had physical therapy, which did not help. She was put in a cast and was walking with assistance of a cane for ambulation. She underwent surgery consisting of debridement of OCD of the medial talar bone on the left side. Medications included Tramadol, Percocet, Ibuprofen and Vicodin. PR-2 dated 01/10/2014 documented the patient to have complaints of constant pain, more so in the medial aspect of the ankle, but also in the lateral aspect. She denies color changes. She denies temperature changes in the foot. She denies sensitivity. She does note some intermittent tingling on top of the foot. The patient rates her pain as 6/10 in intensity with pain medications and as 10/10 in intensity without pain medications. Objective findings on examination of the left ankle reveal there is no swelling. She has well healed surgical scars in the left medial aspect of the ankle and the posterior lateral aspect of the ankle. No allodynia. There is tenderness to palpation in the areas of scarring. There is limited range of motion in all areas of the ankle and foot. Sensation is intact and equal in lower extremities. Strength is pain limited in the left foot with dorsiflexion and plantar flexion. No color or temperature changes of the foot or ankle. Antalgic gait with the use of a cane. She may benefit from something like a TENS unit as well to help relieve inflammation and pain, so we will request a 30-day trial of that. She has tried and failed non-opioids and she has tried Vicodin and Percocet, which help, but minimally so. We discussed the trial of Nucynta instead, which again would help with the neuropathic component of pain and also has less gastrointestinal side effects than the other opioid medication.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **30 DAY RENTAL OF TENS UNIT:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain (Transcutaneous Electrical Nerve Stimulation) Page(s): 114-115.

**Decision rationale:** According to the California MTUS, TENS is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the following conditions: Neuropathic pain, Phantom limb pain and CRPS II, spasticity, and multiple sclerosis. The medical records do not demonstrate the patient has any of these conditions. A neuropathic condition had been considered, however there is no clinical evidence of CRPS, and the patient is not undergoing any functional restoration. Furthermore, the medical records do not establish this patient has failed standard interventions. According to the guidelines, a TENS is not recommended for this patient.

### **1 PRESCRIPTION OF TEROGIN 120ML #1:** 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:** According to the references, Terogin lotion contains Lidocaine. The California MTUS state only Lidocaine in the formulation of Lidoderm patch may be considered for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica). The guidelines state no other commercially approved topical formulations of Lidocaine are indicated for neuropathic pain. Only FDA-approved products are currently recommended. Topically applied Lidocaine is not recommended for non-neuropathic pain. The medical records do not establish this topical lotion is appropriate and medically necessary for this patient. The request of Terogin lotion is not medically necessary.