

Case Number:	CM14-0128389		
Date Assigned:	09/29/2014	Date of Injury:	04/10/2006
Decision Date:	11/06/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/12/2014

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 Nephrology 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:

This is a 47-year-old male with a 4/10/06 date of injury. A specific mechanism of injury was not described. According to a progress report dated 7/17/14, the patient reported continuous pain and tingling in the foot. He stated that his overall pain level from pre-op levels to today have improved although he still has some numbness and tingling in the heel. His pain vacillates between a 6 and an 8 on a scale of 1-10. He stated that his orthotics have rubbed out and are not working anymore. Objective findings: slight loss of epicritic sensation right heel with positive Tinels sign right heel and plantar fascia, positive tingling on palpation of the tarsal tunnel right, positive Valleux sign right tarsal canal, pain on palpation plantar central of the right heel. Diagnostic impression: edema right leg and ankle, post-tibial tendinitis right ankle, complex regional pain syndrome, entrapment neuropathy of the posterior/medial plantar/lateral plantar right foot nerve, plantar fasciitis, neuritis lower extremity right foot. Treatment to date: medication management, activity modification, acupuncture, injections, surgery, orthotics. A UR decision dated 7/31/14 denied the requests for Methoderm and Terocin patches and certified the request for 1 custom molded orthotics. A specific rationale for denial of Methoderm and Terocin patches was not provided. Regarding orthotics, the patient continues treatment for ankle and foot complaints, including plantar fasciitis. Evidence-based guidelines recommend orthotics for properly diagnosed patients in order to reduce pain and disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Methoderm 240ml (camphor 0.30%, menthol 2.50%): 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 9792.24.2 Page(s): 105, 111-113.

Decision rationale: The CA MTUS states that topical salicylates are significantly better than placebo in chronic pain. However, while the guidelines referenced support the topical use of mental salicylates, the requested Methoderm has the same formulation of over-the-counter products such as Ben-Gay. However, it has not been established that there is any necessity for this specific brand name. A specific rationale as to why this patient requires this brand-name formulation as opposed to an over-the-counter generic equivalent was not provided. Therefore, the request for 1 prescription of Methoderm 240ml (camphor 0.30%, menthol 2.50%) was not medically necessary.

1 Terocin patches #10: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 112. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=100ceb76-8ebe-437b-a8de-37cc76ece9bb>

Decision rationale: The CA MTUS chronic pain medical treatment guidelines states that topical lidocaine in the formulation of a dermal patch has been designated for orphans status by the FDA for neuropathic pain. In addition, CA MTUS states that topical lidocaine may be recommended 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). However, there is no documentation of the designated area for treatment as well as number of planned patches and duration for use (number of hours per day). In addition, there is no discussion in the reports reviewed regarding the patient failing treatment with a first-line agent such as gabapentin. Furthermore, there is no documentation that the patient is unable to take oral medications. Therefore, the request for 1 Terocin patches #10 was not medically necessary.

1 custom molded orthotics: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371, 376.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371, Chronic Pain Treatment Guidelines 9792.23.7 ANKLE AND FOOT COMPLAINTS.

Decision rationale: The CA MTUS states that rigid orthotics may reduce pain experienced during walking and may reduce more global measures of pain and disability for patients with plantar fasciitis and metatarsalgia. In the present case, the patient has a diagnosis of plantar fasciitis and continuous pain and tingling in the foot. However, a UR decision dated 7/31/14 certified this request. It is unclear why this duplicate request is being made at this time. Therefore, the request for 1 custom molded orthotics was not medically necessary.