

Case Number:	CM14-0154517		
Date Assigned:	09/26/2014	Date of Injury:	05/02/2009
Decision Date:	10/27/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	09/22/2014

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, has a subspecialty in Interventional Spine 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 41 year old male with an injury date of 05/02/09. Based on the 07/29/14 progress report provided by [REDACTED], the patient complains of right foot pain. He received non-surgical treatment for 4 years. Per EMG of the right foot dated 09/16/13, patient was diagnosed with Tarsal Tunnel Syndrome, and subsequently underwent Tarsal Tunnel Release on 01/23/14. Physical examination to the right ankle reveals mild tenderness to touch along scar, and healed wound. Per 02/24/14 progress report provided by [REDACTED], one month post his surgery, the patient used topical Teracin patches in lieu of physical therapy, and was advised to massage site of surgery. Per progress reports dated 03/10/14 and 05/05/14, Teracin patches are effective and helpful to the patient when applied to the site of pain. Per progress report dated 06/16/14, patient has some incisional pain but his previous tarsal tunnel syndrome symptoms are much improved. Patient has been given return to work slip and can do full duty jobs. The patient wears a sleeve type ankle support. Diagnosis made on 07/29/14 are tarsal tunnel syndrome, diabetes mellitus type II, generalized and unspecified atherosclerosis, and hypertension. The physician is requesting Teracin patches, 3 boxes of 10 each (1 month supply). The utilization review determination being challenged is dated 09/15/14. The rationale is "guidelines do not recommend topical compounds containing capsaicin." The physician is the requesting provider, and he provided treatment reports from 01/23/14 - 07/29/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin patches; 3 boxes of 10 each (1 month supply): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics (compounded).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The patient presents with right foot pain. The request is for Terocin patches, 3 boxes of 10 each (1 month supply). Patient is status post Tarsal Tunnel Release 01/23/14. Diagnosis dated 07/29/14 includes tarsal tunnel syndrome and diabetes mellitus type II. Per progress report dated 02/24/14, patient was advised to massage site of surgery and used Terocin patches in lieu of physical therapy. Patient found Terocin patches to be effective and helpful per progress reports dated 03/10/14 and 05/05/14. MTUS Page 112 states, "Lidocaine Indication: Neuropathic pain. Recommended for localized peripheral pain." Patient presents with localized chronic pain, per tarsal tunnel syndrome diagnosis dated 07/29/14. Patient has been instructed to massage area of surgery. Treater has documented that use of Terocin patches was effective and helpful for patient when applied to affected area. Patient has been given return to work slip and can do full duty jobs. The request meets guideline indications. Recommendation is for authorization.