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| <b>Case Number:</b>   | CM14-0020796 |                              |            |
| <b>Date Assigned:</b> | 04/30/2014   | <b>Date of Injury:</b>       | 02/01/2011 |
| <b>Decision Date:</b> | 07/08/2014   | <b>UR Denial Date:</b>       | 01/28/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/19/2014 |

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 claimant is a 53-year-old female presenting with chronic pain following a work-related injury on February 1, 2011. On January 3, 2014 the claimant complains of left foot pain. The pain was associated with limping. On March 23, 2014 the physical exam was significant for swelling in the left foot along the fourth and fifth metatarsal at the plantar side, as well as some degree of swelling along the fourth and fifth metatarsals and the forefoot, along the left foot, tenderness on the right foot that was less than tenderness on the left foot. The claimant has been treated with medications, activity modification, physical therapy, orthotics, corticosteroid injection and ESWT. The medications include Terocin patches. The claimant was diagnosed with bilateral plantar fasciitis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TEROCIN PATCHES #30,DISPENSED 1-3-14:** 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): 111-112.

**Decision rationale:** According to the California MTUS Guidelines, Chronic Pain section, "topical analgesics that are largely experimental in use with a few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended, is not recommended". Additionally, Per the California MTUS, topical analgesics such as lidocaine are "recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (anti-depressants or AED). Only FDA-approved products are currently recommended. Non-neuropathic pain: Not recommended. In this case, the claimant was not diagnosed with neuropathic pain and there is no documentation of physical findings or diagnostic imaging confirming the diagnosis. Furthermore, the claimant was diagnosed with bilateral plantar fasciitis. Therefore, the request for Terocin Patches # 30, dispensed on 1/13/14 was not medically necessary and appropriate.