

Case Number:	CM14-0035216		
Date Assigned:	06/23/2014	Date of Injury:	11/28/2011
Decision Date:	07/25/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	03/21/2014

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 podiatric Surgery and is licensed to practice in New York. 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:

According to the enclosed information, this patient sustained a work injury on 11/28/2011. On 3/15/2012 patient underwent a right tibial sesamoidectomy. On 2/21/2014 patient was evaluated by his podiatrist with complaints of plantar foot pain at the location of his prior surgery. Patient states that the pain has been present ever since his surgery. Prior treatments have included narcotics, orthotics, physical therapy, and epidural pain management. Patient complains of numbness to the great toe with some tingling and electric sensations to the right big toe. Physical exam reveals tenderness to palpation to the proximal aspect of the surgical scar. Range of motion to the great toe joint is painful. Patient's diagnosis includes "entrapment of the saphenous nerve with no neuritic symptoms of a severe degree." It was advised that patient begin Lyrica oral medication as well as utilize Terocin patches for pain management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Patches, One Box 10 Patches: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical pain management Page(s): 56.

Decision rationale: After careful review of the enclosed information and the MTUS guidelines for Terocin (lidocaine) patches, it is my feeling that the request for Terocin (lidocaine) patches, one box, 10 patches is not medically reasonable or necessary at this time. The chronic pain medical treatment guidelines discuss the use of topical lidocaine (Terocin) patches. The guidelines state that topical lidocaine 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). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-pruritics. It is documented that this patient has not attempted a trial of a tri-cyclic or SNRI antidepressant or an AED such as gabapentin or Lyrica. In fact, the visit that the Terocin patch was recommended was the same visit that the patient was dispensed a prescription for Lyrica. There is no documentation as to how he has done on the Lyrica and if it has alleviated his pain. It is also noted that patient is not diagnosed with post herpetic neuralgia, which is a required diagnosis for topical lidocaine according to the MTUS guidelines. The request is not medically necessary.