

Case Number:	CM14-0045135		
Date Assigned:	07/02/2014	Date of Injury:	03/09/2012
Decision Date:	08/01/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	04/14/2014

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 Occupational Medicine 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:

Progress report dated 02/12/2014 states the patient complained of pain of the right knee and it is aggravated by squatting, kneeling, ascending and descending stairs, walking multiple blocks, prolonged standing and sitting. On exam, the right has a well healed arthroscopic portal with minimal swelling. There is pain with terminal motion. There is also positive patellar compression test. The right foot is essentially unchanged. There is tenderness at the right anterolateral aspect of the foot. Diagnoses are history of status post right 5th metatarsal fracture and right ankle and foot sprain with plantar fasciitis. Prior utilization review dated 03/31/2014 states the request for 10 Terocin patches NDC 50488-1001-01 is not authorized as Terocin is a compounded medication and may have a product that is not recommended; 120 Naproxen Sodium tab 550 mg is not authorized as the guidelines does not support long term use of Naproxen.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 Terocin patches NDC 50488-1001-01: 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 Topical analgesics Page(s): 111-113.

Decision rationale: This is a request for Terocin patches for a 51-year-old female injured on 3/9/12 with chronic right knee pain, right foot pain, and R plantar fasciitis status post left knee arthroscopy and right foot 5th metacarpal fracture. Terocin patches appear to contain Lidocaine and Menthol. However, according to MTUS guidelines, the only recommended topical Lidocaine formulation is Lidoderm, which is only indicated for neuropathic pain. The patient does not have documented neuropathic pain. Medical necessity is not established.

120 Naproxen Sodium tab 550 mg: 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 NSAIDs Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Naproxen.

Decision rationale: This is a request for Naproxen for a 51-year-old female injured on 3/9/12 with chronic right knee pain, right foot pain, and right plantar fasciitis status post left knee arthroscopy and right foot 5th metacarpal fracture. According to MTUS guidelines, NSAIDs are recommended at the lowest dose for the shortest duration possible due to risk of GI and cardiac side effects. There is no evidence of long-term efficacy in pain or function in osteoarthritis. In this case the patient has been taking Naproxen on a chronic basis with reports of stomach upset. There are reports of symptomatic and functional improvement with use of Naproxen, but this is not objectively measured. Clinically significant functional improvement from use of Naproxen is not evident given ongoing complaints of significant pain and ongoing dependency upon medical care. Medical necessity is not established.