MAXIMUS Federal Services

Case Number:	CM14-0073519		
Date Assigned:	07/16/2014	Date of Injury:	06/14/2011
Decision Date:	09/16/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/20/2014

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:

The injured worker is a 51-year-old female with a 6/14/11 date of injury. The mechanism of injury occurred due to repetitive work activities as a transit employee. According to a handwritten progress report dated 4/17/14, the patient complained that the physical therapy was causing more pain and swelling. The patient complained that the left big toe and big toe joint were very painful. Objective findings: positive Tinel's sign of the posterior tibial nerve, tenderness to palpation throughout the right ankle, pain on palpation at the second interspace with tingling of the toes. Some parts of this note were illegible. Diagnostic impression: metatarsophalangeal joint bursitis, right, plantar fasciitis, left ankle synovitis, Sinus Tarsi syndrome, chondromalacia bilateral knees, low back pathology, and epicondylitis of the bilateral arms. Treatment to date include medication management, activity modification, physical therapy, acupuncture, TENS unit, hot and cold therapy, cervical ESI. A UR decision dated 4/25/14 denied the request for Terocin patches. The records are devoid of documentation of first-line therapy or criterion to support medical necessity for requested topical analgesic.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin patches, 1 box (#10): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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 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, the MTUS states 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). In this case, there is no documentation that the patient has ever been on a first-line agent. Additionally, there is no documentation as to where the patch is to be applied, how often, or the duration the patch will be left on. Therefore, the request for Terocin patches, 1 box (#10) is not medically necessary.