

Case Number:	CM14-0090436		
Date Assigned:	09/19/2014	Date of Injury:	04/04/2011
Decision Date:	10/22/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/16/2014

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 & Rehabilitation 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 41-year-old male who reported an injury on 04/04/2011. Reportedly he had a cart full of medical equipment that fell 3 feet onto his left foot. The injured worker states it hit across the mid foot area and then onto the left big toe. The injured worker's treatment history included pain medications, walking boot, anti-inflammatories, topical compound patches. The injured worker was evaluated on 04/16/2014 and it was documented the injured worker states that his left foot is the same. The left foot was swollen with increased standing and walking and pain with increased standing and walking. Objective findings of the left foot revealed dorsalis pedis artery on the left was 3, posterior tibial artery on the left was 3, and capillary refill on the left was 3 seconds. Neurological examination on the left revealed sharp, dull pain right greater than left and vibratory was within normal limits. There was pain to palpation on the left 2nd, 3rd, and metatarsophalangeal. Medications included Norco, Terocin patches, and ibuprofen. The diagnoses included stress fracture, metatarsalgia, pain in the lower extremities, and swelling in the lower extremities. The request for authorization dated 05/15/2014 was for Terocin patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Box of Terocin Patches for date of service 4/16/14: 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 Salicylate, Topical Analgesic, Lidocaine, Page(s): 105, 111, 112..

Decision rationale: The requested is not medically necessary. California MTUS indicates that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety... are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed...Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The California MTUS guidelines indicate that topical lidocaine (Lidoderm) 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). ...No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. California MTUS guidelines recommend treatment with topical salicylates. The documentation submitted failed to indicate the injured worker failing antidepressants and anticonvulsants. Additionally, the provider failed to indicate body location where Terocin patches are required for the injured worker. The request that was submitted failed to include frequency and duration of medication. As such, the request for 1 box of Terocin patches for date of service 04/16/2014 is not medically necessary.