

Case Number:	CM14-0197898		
Date Assigned:	12/08/2014	Date of Injury:	11/25/2012
Decision Date:	01/23/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/25/2014

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 Rehab, has a subspecialty in Interventional spine 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 patient is a 53 year old male with an injury date of 11/25/12. Per the physician's progress report dated 10/29/14, the patient complains of flare ups in bilateral ankles and knees. The ankle pain is rated at 4-8/10 and the knee pain is rated at 6/10. Physical examination reveals tenderness to palpation in the left 2 - 4 toes, medial left ankle with edema, and lateral mortise joint with edema. Range of motion in the ankle is restricted. The patient also has palpable tenderness in right medial joint line with edema. In progress report dated 05/13/14, the patient complains of neck pain of 5-6/10, low back pain at 7-8/10, and left shoulder pain of 6/10. Orthopedic examination reveals positive Valsalva maneuver and Kemp's test bilaterally. The patient underwent left ankle surgery on 12/19/12, as per progress report dated 05/20/14. Medications, as per progress report 07/02/14, include Gabapentin, Tramadol, Pantoprazole, Sentra, and Dulcolax. The patient's status has been determined as totally temporarily disabled, as per progress report dated 07/02/14. MRI of the Left Shoulder, 10/03/13, as per AME report dated 05/22/14:- Subacromial / subdeltoid bursitis- Old, healed midclavicle fracture MRI of the Lumbar Spine, 10/03/13, as per AME report dated 05/22/14: At L5-S1- Concentric left posterolateral annular tear- 4 mm broad based central disc protrusion effaces the thecal sac- Mild discogenic spondylosis- Mild facet arthrosis Diagnoses, 10/29/14:- Fracture of the medial malleolus, status post op- Compensatory bilateral knee internal derangement- Compensatory right ankle sprain/strain The physician is requesting Terocin patch 4/4 %, three boxes. The utilization review determination being challenged is dated 10/31/14. The rationale was "Capsaicin is only recommended only as an option in patients who have not responded or are intolerant to other treatments." Treatment reports were provided from 05/13/14 - 12/03/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin patch 4/4%, three boxes: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Patches, topical creams, Topical Analgesics Page(s): 56,57,111,113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) and topic Lidoderm (Lidocaine patch)

Decision rationale: The patient presents with flare ups in bilateral ankles and knees, as per progress report dated 10/29/14. The request is for Terocin patch 4/4 %, three boxes. The pain in the ankle is rated at 4-8/10 while the knee pain is rated at 6/10. The MTUS guidelines page 57 states, "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)." The MTUS page 112 also states, "Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain." When reading the ODG guidelines, chapter 'Pain (Chronic)' and topic 'Lidoderm (Lidocaine patch)', it specifies that Lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." The ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documenting pain and function. In this case, the prescription for Terocin patch was first noted in progress report dated 06/26/14. The patient is taking medications, including Gabapentin and Tramadol that are part of first-line therapy. While the physician does not document the area of treatment and duration of use, the patient does suffer from peripheral localized pain not with an etiology of neuropathic pain for which topical lidocaine would be indicated. The request is not medically necessary.