

Case Number:	CM15-0105498		
Date Assigned:	06/09/2015	Date of Injury:	10/02/2009
Decision Date:	07/10/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/01/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 34 year old female, who sustained an industrial injury on 10/02/2009. She reported tripping and falling, injuring the right foot and ankle, and hyperextending the left leg and knee. Diagnoses include right foot and ankle pain, low back pain with MRI report of the lumbar spine from 6/26/12 revealing degenerative disc disease and mild disc bulging and annular fissure, insomnia and anxiety. Treatments to date include activity modification, massage therapy, physical therapy, Norco, Motrin, Lexapro and Zanaflex. Currently, she complained of ongoing ankle pain and burning pain in the foot. On 3/3/15, the physical examination documented no new acute findings. The plan of care included thirty minutes of H-wave therapy provided on this date and Terocin Patches were dispensed to the patient for pain. This review request was for Terocin Patches #30 dispensed on 3/3/15 and in office H-wave treatment provided on 3/3/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro (DOS 3/3/15): Terocin Patches #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p60 (2) Topical Analgesics, p111-113 Page(s): 60, 111-113.

Decision rationale: The claimant sustained a work injury in October 2009 and continues to be treated for ankle and foot pain. When seen, she was having ongoing pain including burning pain over her ankle and foot. Medications were being refilled. Physical examination findings included decreased spinal range of motion and pain with extension. There was positive straight leg raising. Terocin contains methyl salicylate, capsaicin, menthol, and Lidocaine. Topical lidocaine in a formulation that does not involve a dermal-patch system can be recommended for localized peripheral pain. Menthol and methyl salicylate are used as a topical analgesic in over the counter medications such as Ben-Gay or Icy Hot. They work by first cooling the skin then warming it up, providing a topical anesthetic and analgesic effect which may be due to interference with transmission of pain signals through nerves. Guidelines address the use of capsaicin which is believed to work through a similar mechanism and is recommended as an option in patients who have not responded or are intolerant to other treatments. Additionally, methyl salicylate metabolizes into salicylates, including salicylic acid, a non-steroidal anti-inflammatory medication. Guidelines recommend that when prescribing medications only one medication should be given at a time. By prescribing a multiple combination medication, in addition to the increased risk of adverse side effects, it would not be possible to determine whether any derived benefit is due to a particular component. Therefore, this medication is not medically necessary.

Retro (DOS 3/3/15): H-wave Treatment (in office): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT), p117 Page(s): 117.

Decision rationale: The claimant sustained a work injury in October 2009 and continues to be treated for ankle and foot pain. When seen, she was having ongoing pain including burning pain over her ankle and foot. Medications were being refilled. Physical examination findings included decreased spinal range of motion and pain with extension. There was positive straight leg raising. H-wave stimulation is a form of electrical stimulation that differs from other forms of electrical stimulation, such as transcutaneous electrical nerve stimulation (TENS), in terms of its waveform. A one month home-based trial of may be considered as a noninvasive conservative option for the treatment of chronic pain. Providing a one time in-office treatment without a planned trial, instruction in use, or assessing for efficacy was not appropriate or medically necessary.