

Case Number:	CM15-0184267		
Date Assigned:	09/24/2015	Date of Injury:	04/12/2011
Decision Date:	11/06/2015	UR Denial Date:	09/12/2015
Priority:	Standard	Application Received:	09/18/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 63 year old male, who sustained an industrial injury on 4-12-2011, resulting in pain or injury to the left ankle. A review of the medical records indicates that the injured worker is undergoing treatment for left ankle instability with chronic ligament tear and osteochondritis dissecans (OCD) of the left ankle. On 5-18-2015, the injured worker reported left ankle pain, rolling his ankle and falling 2-3 times a month. The Secondary Treating Physician's report dated 6-24-2015, noted the injured worker was seen on 5-18-2015, and had undergone ankle ligament surgery in 2011, currently wearing an ankle brace for stability. The injured worker was noted to have an antalgic gait with the left ankle giving out, with the left ankle examination noted to show a positive anterior draw exam 30mm of excursion and 4 out of 5 peroneal muscle power with a 55 degree ankle inversion and crepitus on ankle range of motion (ROM). Left ankle x-rays were noted to show the tibio talar angle at 15 degrees, with normal of 5 degrees, and no swelling of soft tissue with acceptable joint space. The Physician noted that due to the injured worker being on Warfarin, unable to take non-steroid anti-inflammatory drugs (NSAIDs), and also not wanting narcotics, there was indication for topical pain patch and cream treatments to manage pain via Terocin and LidoPro. The documentation provided did not indicate the date of initiation or directions for use of the Terocin. The Secondary Treating Physician's retrospectively requested Terocin patch dispensed on 6-11-2015. The Utilization Review (UR) dated 9-12-2015, denied the request for the retrospective request for Terocin patch dispensed on 6-11-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Terocin patch (DOS 6/11/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch).

Decision rationale: The patient presents with pain in the left ankle. The request is for retrospective terocin patch (DOS 6/11/2015). Patient is status post left ankle surgery, 11/2011. Examination to the left ankle on 05/18/15 revealed a positive drawer sign. Patient had an antalgic gait. Per 05/18/15 progress report, patient's diagnosis include left ankle lateral instability with chronic ligament tear, and OCD of the left ankle. Patient's medications, per 05/18/15 progress report include Terocin Patch and Lidopro Ointment. Patient's work status was not specified. MTUS Chronic Pain Medical Treatment Guidelines 2009, page 112 under Lidocaine Indication: "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." Page 112 also states, "Lidocaine indication: neuropathic pain. Recommended for localized peripheral pain." ODG Pain chapter, under Lidoderm - Lidocaine patch- specifies that Lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." In progress report dated 05/18/15, the treater states, "The patient is on Warfarin and takes NSAIDS, and does not want narcotics. Therefore, a topical pain patch and cream are prescribed." The patient continues with left ankle pain and is diagnosed with left ankle lateral instability with chronic ligament tear and OCD of the left ankle. Terocin patches are indicated for localized peripheral neuropathic pain. In this case, there is no evidence of neuropathic pain to substantiate the request, as the guidelines do not recommend Terocin Patches for musculoskeletal pain. The request is not in accordance with guideline recommendations and therefore, IS NOT medically necessary.