

Case Number:	CM15-0208857		
Date Assigned:	10/26/2015	Date of Injury:	07/02/2008
Decision Date:	12/04/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/08/2015

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: Florida

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 59 year old male who sustained an industrial injury on 7-2-2008. A review of the medical records indicates that the injured worker is undergoing treatment for neuropathic pain, ganglion cyst, crepitus and fractured foot bone. According to the progress report dated 4-17-2015, the injured worker complained of pain in the first TMT joint and pain midfoot. Other subjective complaints listed were crepitus and compensatory gait changes. Objective findings (4-17-2015) revealed "altered gait-traumatic arthritis, FX midfoot-crepitus, post crush injury." Treatment has included Unna boot, nerve block injection and medications. Terocin patches have been prescribed since at least 10-2014. The original Utilization Review (UR) (10-1-2015) denied requests for Terocin patches, Lenza gel and an office visit for date of service 4-17-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin patches Qty 30, (retrospective DOS 04/17/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

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

Decision rationale: In accordance with California Chronic Pain MTUS guidelines, topical Lidocaine may be recommended for localized peripheral pain after there has been a trial of a first-line treatment. The MTUS guideline specifies "tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica" as first line treatments. The provided documentation does not show that this patient was tried and failed on any of these recommended first line treatments. Topical Lidocaine is not considered a first line treatment and is currently only FDA approved for the treatment of post-herpetic neuralgia. Likewise, for the aforementioned reasons, the requested Terocin Patches (which contain Lidocaine) are not medically necessary.

Lenza gel 240 ml, (retrospective DOS 04/17/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

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

Decision rationale: Lenza Gel contains lidocaine hydrochloride and menthol. In accordance with California Chronic Pain MTUS guidelines, topical Lidocaine may be recommended for localized peripheral pain after there has been a trial of a first-line treatment. The MTUS guideline specifies "tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica" as first line treatments. The provided documentation does not show that this patient was tried and failed on any of these recommended first line treatments. Topical Lidocaine is not considered a first line treatment and is currently only FDA approved for the treatment of post-herpetic neuralgia. Likewise, for the aforementioned reasons, the requested Lenza Gel is not medically necessary.

Office visit, (retrospective DOS 04/17/15): Upheld

Claims Administrator guideline: Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Follow-up Visits. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain (Chronic) - Office visits.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG online 2015, Chronic pain, Office visits.

Decision rationale: MTUS guidelines do not address follow up office visits. The ODG notes that follow up office visits are recommended as determined to be medically necessary. In this patient's case, an office visit was scheduled only 9 days after the last office encounter. At the last office visit, it was noted that the patient was being treated for chronic OA pain, and was not started on any new treatments that would require reassessment in only 9 days. It is the opinion of this reviewer that this office visit is not medically necessary.