

<b>Case Number:</b>	CM15-0209272		
<b>Date Assigned:</b>	10/28/2015	<b>Date of Injury:</b>	07/02/2008
<b>Decision Date:</b>	12/28/2015	<b>UR Denial Date:</b>	10/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2015

### 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: New York

Certification(s)/Specialty: Anesthesiology

### 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 59 year old male who sustained an industrial injury on 7-2-08. The medical records indicate that the injured worker has been treated for crush injury; fracture of mid-foot; traumatic arthritis; neuropathic pain; ganglion cyst. He currently (11-14-14) complains of pain in the first tarsometatarsal joint and mid-foot pain, crepitus, and compensatory gait changes. The complaints were consistent from at least 4-14-14 through 11-14-14. In the progress note dated 11-14-14 the treating provider dispensed Terocin patch #30 (on since at least 10-10-14); treated the injured worker with office H-Wave Treatment for chronic foot pain to decrease pain by stimulating nerves in the foot; wrapped the foot and ankle with UNA boot and ACE wrap and administered a nerve block injection in the foot and ankle. The request for authorization dated 11-14-14 was for Terocin patch #30; in office H-Wave Treatment for chronic foot pain; UNA boot for chronic foot pain; nerve block injection in the foot and ankle; ACE wrap for chronic foot-ankle pain. On 10-2-15 Utilization Review non-certified the retrospective requests with dates of service 11-14-14) for Terocin patch #30; in office H-Wave treatment for chronic foot pain; UNA boot for chronic foot pain; nerve block injection in the foot and ankle; ACE wrap for chronic foot-ankle pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Terocin patches, #30 for chronic foot pain (DOS: 11/14/2014): Upheld**

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

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

**Decision rationale:** There is no documentation provided necessitating the use of the requested topical medication, Terocin. According to the California MTUS Guidelines, topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control including, for example, NSAIDs, opioids, capsaicin, local anesthetics or antidepressants. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended for use. In this case, the requested topical analgesic contains methyl salicylate, capsaicin, menthol, and lidocaine. Topical Lidocaine, in the formulation of a dermal patch (Lidoderm) is FDA approved for neuropathic pain, and used off-label for diabetic neuropathy. No other Lidocaine topical creams or lotions are indicated for neuropathic or non-neuropathic pain. The MTUS states that capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. According to the ODG, "Topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may, in rare instances, cause serious burns, a new alert from the FDA warns." As such, the medical necessity for the requested topical analgesic patches was not established. The requested topical analgesic patches was not medically necessary.

**Retrospective in office H-wave treatment for chronic foot pain (DOS: 11/14/2014): 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): Electrical stimulators (E-stim).

**Decision rationale:** According to the CA MTUS Guidelines (2009), H-wave stimulation (HWT) is not recommended as an isolated intervention. A one-month home-based trial of HWT may be considered a noninvasive conservative option for diabetic neuropathic pain, or chronic soft tissue inflammation if used as an adjunct to a program of evidence-based functional restoration, and only following failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS). While H-Wave and other similar type devices can be useful for pain management, they are most successfully used as a tool in combination with functional improvement. H-wave stimulation is a form of electrical stimulation that differs from other forms of electrical stimulation, such as TENS, in terms of its waveform. H-wave stimulation is sometimes used for the treatment of pain related to a variety of etiologies, muscle sprains, temporomandibular joint

dysfunctions or reflex sympathetic dystrophy. H-wave is used more often for muscle spasm and acute pain as opposed to neuropathy or radicular pain. Medical necessity for the requested item was not established. The requested HWT was not medically necessary.

**Retrospective unna boot for foot and ankle (DOS: 11/14/2014): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Association for the Advancement of Wound Care (AAEC) venous ulcer guideline.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Unna Boot- Medscape Internal Medicine 2015.

**Decision rationale:** An Unna boot is a special gauze (usually 4 inches wide and 10 yards long) bandage, which can be used for the treatment of venous stasis ulcers and other venous insufficiencies of the leg. It can also be used as a supportive bandage for sprains and strains of the foot, ankle and lower leg. The gauze is impregnated with a thick, creamy mixture of zinc oxide and calamine to promote healing. It may also contain acacia, glycerin, castor oil and white petrolatum. The Unna boot is used in the treatment of venous stasis or ulcer. In this case there is documentation of foot pain without evidence of ulcers or venous stasis. Medical necessity for the requested item was not established. The requested item was not medically necessary.

**Retrospective nerve block injection in foot/ankle (DOS: 11/14/2014): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine 2014.

**Decision rationale:** Most of the indications for lower limb blockade involve joint surgery on either the hip or the knee. Because both joints are supplied by elements of each plexus, complete anesthesia often requires at least two nerve blocks. There is no specific indication for a nerve block for chronic foot and ankle pain. Medical necessity for the requested nerve block injection was not established. The requested procedure was not medically necessary.

**Retrospective ACE wrap for chronic foot and ankle pain (DOS: 11/14/2014): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Activity Alteration. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Bracing (immobilization).

**Decision rationale:** According to the ODG, bracing is not recommended in the absence of a clearly unstable joint. Functional treatment appears to be the favorable strategy for treating acute ankle sprains when compared with immobilization. Partial weight bearing as tolerated is recommended. However, for patients with a clearly unstable joint, immobilization may be necessary for 4 to 6 weeks, with active and/or passive therapy to achieve optimal function. There was no indication for the requested ACE wrap. There was also no indication of an unstable foot requiring bracing. Medical necessity for the requested item was not established. The requested item was not medically necessary.