MAXIMUS Federal Services

| Case Number: | CM15-0214864 | | |
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| Date Assigned: | 11/04/2015 | Date of Injury: | 03/16/2014 |
| Decision Date: | 12/15/2015 | UR Denial Date: | 10/01/2015 |
| Priority: | Standard | Application Received: | 11/02/2015 |

## 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: Arizona, California
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:

The injured worker is a 59 year old female, who sustained an industrial injury on 03-16-2014. A review of the medical records indicates that the worker is undergoing treatment for crush injury of the left foot, hallux valgus deformity of the first metatarsophalangeal joint of the left foot, plantar fasciitis of the left foot and painful gait. Treatment has included oral and topical pain medications in including an unspecified pain spray (since at least 08-11-2015), orthotics, physical therapy and injections. Documentation shows that the worker experienced gastric upset from medications and that a topical medication (Terocin patch) was started on 01-13-2015 in an attempt to decrease symptomatologies. Subjective findings on 08-11-2015 were notable for significantly improved pain that decreased from a level of 8 to a level of 4. Topical spray and injections were noted to have significantly helped with heel and first metatarsophalangeal joint. Objective findings showed continuation of exostosis of the first metatarsophalangeal joint of the left foot with continuation of tinea pedia and onychomycosis of nails, pain to palpation of the medial and central bands of the plantar fascia and limited range of motion on weight bearing status due to locking of the joint. Subjective complaints (09-15-2015) included continued symptomatologies of the foot with difficulty with ambulation and gait and poor functionality. Objective findings (09-15-2015) included significant exostosis enlargement of the medial eminence of the left foot and pain to palpation and with range of motion. The physician noted that the worker demonstrated no improvement despite conservative treatment and that surgery would be performed. A refill of topical pain spray was requested. A utilization review dated 10-01-2015 non-certified 1st relief topical spray 354 ml QTY: 4.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**1st Relief topical spray, 354 ml, QTY:4:** 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): Topical Analgesics.

**Decision rationale:** Relief contains topical Lidocaine. According to the guidelines, topical lidocaine is 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). In this case the claimant did not have the above diagnoses. Failure of other medications is not noted. Long-term use is not indicated nor supported by the evidence. Continued use is not medically necessary.