

Case Number:	CM15-0043742		
Date Assigned:	03/13/2015	Date of Injury:	06/30/2014
Decision Date:	05/01/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/09/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 62 year old female, who sustained an industrial injury on 06/30/2014. The initial complaints or symptoms included injury to the left knee and ankle resulting from being hit by a sliding door. The initial diagnoses were not mentioned in the clinical notes. Treatment to date has included conservative care, medications, conservative therapies, and multiple diagnostic imaging. Currently, the injured worker complains of radiating left ankle/foot pain with weakness, numbness and tingling. The diagnoses include status post left foot and ankle trauma with fractures. The treatment plan consisted of continued medications (including Terocin, naproxen, and tramadol), and follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The injured worker sustained a work related injury on 06/30/2014. The medical records provided indicate the diagnosis of status post left foot and ankle trauma with fractures. Treatments have included conservative care, including medications. The medical records provided for review do not indicate a medical necessity for Terocin. Terocin is a topical analgesic containing Methyl Salicylate 25%, Capsaicin 0.025%, Menthol 10%, Lidocaine 2.50%. The MTUS does not recommend the use of any compounded product that contains at least one drug (or drug class) that is not recommended. Therefore, this topical analgesic is not medically necessary since menthol is not recommended; no other formulation of Lidocaine is recommended besides lidocaine patch.

Naproxen 500mg #60 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain discussion; NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 8; 67-72.

Decision rationale: The injured worker sustained a work related injury on 06/30/2014. The medical records provided indicate the diagnosis of status post left foot and ankle trauma with fractures. Treatments have included conservative care, including medications. The medical records provided for review do not indicate a medical necessity for Naproxen 500mg #60 with 1 refill. Naproxen is a Non-steroidal anti-inflammatory (NSAID) drug. Like other NSAIDs, the MTUS recommends at the lowest dose for the shortest period for the treatment of moderate to severe osteoarthritis pain. The records indicate that although the injured worker has been on this medication for a while there is no documented overall improvement. Also, the history and physical examination are not detailed. Therefore, the request is not medically necessary.

Tramadol 50mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

Decision rationale: The injured worker sustained a work related injury on 06/30/2014. The medical records provided indicate the diagnosis of status post left foot and ankle trauma with fractures. Treatments have included conservative care, including medications. The medical records provided for review do not indicate a medical necessity for Tramadol 50mg #30. Tramadol is an opioid. The MTUS recommends the use of the lowest dose of opioids for the short term treatment of moderate to severe pain. The MTUS does not recommend the use of opioids for longer than 70 days in the treatment of chronic pain due to worsening adverse effects and lack of research in support of benefit. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The records do not indicate the injured worker is properly being monitored for pain control, activities of daily living, adverse effects and aberrant behavior; although the injured worker has used this medication for a

while, there is no documentation of overall improvement in pain and function. Therefore, the request is not medically necessary.