

Case Number:	CM14-0134565		
Date Assigned:	08/27/2014	Date of Injury:	01/23/2004
Decision Date:	10/08/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/20/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Texas & Florida. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 56 year old male who was injured on 1/23/2004. The diagnoses are left ankle and foot pain. There was associated diagnosis of plantar fasciitis. On 5/30/2014, [REDACTED] noted no changes in the pain complaints or physical findings. The patient was walking better with the use of orthotics. The pain score was 4-7/10 on a scale of 0 to 10. On 7/25/2014, there was subjective complaint of left foot pain with numbness in the heel area. There were no color or temperature changes. There were objective findings of full range of motion in the affected limb. A Utilization Review determination was rendered on 9/8/2014 recommending non certification for Norco 10/325mg #60 and Terocin cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Terocin (Lidocaine- Capsacin - Menthol- Methyl Salicylate) Cream: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesic preparations Page(s): 111-113.

Decision rationale: The CA MTUS recommend that topical analgesic preparations can be utilized in the treatment of localized neuropathic pain if first line anticonvulsant and

antidepressant medications are ineffective or cannot be tolerated. The records indicate that there was no subjective or objective findings indicative of the presence of localized neuropathic pain of the left foot. There was improved function with the use of orthotics. Terocin cream contains methyl salicylate 25% / capsaicin 0.025% / menthol 10% and Lidocaine 2.5%. There is lack of guideline or FDA support for the use of methyl salicylate and menthol in the treatment of chronic musculoskeletal pain. The criteria for the use of Terocin cream were not met therefore, this request is not medically necessary.

Norco 10/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioid , NSAIDs and PT. Page(s): 74-96.

Decision rationale: The CA MTUS recommend that opioid can be utilized for short term treatment of acute exacerbation of chronic pain that did not respond to treatment with NSAIDs and PT. The records indicate that there was no exacerbation of the left foot pain. There was no objective findings indicative of the presence of severe pain that would require chronic opioid treatment. The patient was noted to have a full range of motion of the affected limb. There was functional improvement with the use of orthotics. The criteria for the use of Norco 10/325mg #60 were not met therefore, this request is not medically necessary.