MAXIMUS Federal Services

Case Number:	CM14-0098907		
Date Assigned:	07/28/2014	Date of Injury:	01/23/2004
Decision Date:	09/19/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	06/27/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 with date of injury of 01/23/2004. The listed diagnoses per [redacted] dated 05/30/2014 are:1. Pain in the joint, ankle and foot.2. Plantar fasciitis of the left foot.3. Numbness.4. Chronic pain syndrome.According to this report, the patient complains of left foot pain. He has pain and numbness in the foot and heel, but he gets good relief with the medications and they are well tolerated. He uses Terocin regularly. He wears the orthotics, which allow him to walk daily as well. With the medications, he is more functional with walking, housework, yard work, and caring for his children. The pain is described as aching and burning in the left foot. He rates his pain 7/10 to 8/10 on the VAS scale without medications and 4/10 to 5/10 with medications. The physical examination of the left foot shows no swelling in the limb. There is numbness in the left heel, but otherwise, sensation is intact. Tenderness to palpation of the left heel and instep. No allodynia, color or temperature changes. The utilization review denied the request on 06/09/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin cream (Lidocaine/Capsaicin/Menthol/Methyl Salicylate): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

Decision rationale: This patient presents with left foot pain. The treating physician is requesting Terocin cream. The MTUS Guidelines page 112 on topical lidocaine states that it is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI antidepressants or AED such as gabapentin or Lyrica). Topical lidocaine in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine whether creams, lotions, or gels are indicated for neuropathic pain. In this case, MTUS does not support the use of lidocaine in other formulations other than a dermal patch. Given the above the request is not medically necessary.

Norco 10/325mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints,Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78, 88 AND 89.

Decision rationale: This patient presents with left foot pain. The treating physician is requesting Norco 10/325 mg #60. The MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4 As including analgesia, ADLs, adverse side effects, aberrant behavior as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medications to work, and duration of pain relief. The records show that the patient has been taking Norco since 08/05/2013. The 05/30/2014 report notes that the patient's medications are helpful to decrease pain and increase function. Opioids are necessary for the patient's chronic intractable pain. He has signed an opioid agreement and no signs of abuse or diversion was noted. In addition, the patient rates his pain without medication, 7/10 to 8/10, and with medication, 4/10 to 5/10. The patient gets good relief with his medications, and they are well tolerated. The UDS report dated 06/30/2014 shows consistent results with prescribed medications. Given the efficacy of this medication, this request is medically necessary.