MAXIMUS Federal Services

Case Number:	CM14-0214030		
Date Assigned:	12/31/2014	Date of Injury:	07/20/2007
Decision Date:	02/25/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/21/2014

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. 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: California
Certification(s)/Specialty: Physical Medicine & Rehabn

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 39 year old female with an injury date on 07/20/2007. Based on the 10/22/2014 progress report provided by the treating physician, the diagnoses are: 1. Traumatic arthritis 2. Sinus Tarsi 3. Neuropathy. According to this report, the patient complains of "pain level from 1-10 an 5 pain with ROM a 7. Patient continues to suffer with pain in the lateral aspect complex, Sinus Tarsi, edema ankle and foot. The patient also developed pain in her left lower back, left knee and notes the feeling of Crepitus lateral ankle mobility." Objective finding indicates "Grade II ankle sprain with immobility. Traumatic Arthritis of the foot and ankle / Neuropathic Pain/ Leg injury / Sinus Tarsitis/ Severe Edema Gait testing abnormal /ankle instability/ STJ injury/Antalgic gait. Compensatory gait change causing pain/ strain knee and pain in the left lower back. The treatment plan is request for H-wave unit and Terocin/ Lidocaine patches dispensed (30 day supply). The patient's work status was not indicated. There were no other significant findings noted on this report. The utilization review denied the request for Terocin / Lidocaine patches 4% #30 on 12/01/2014 based on the MTUS guidelines. The requesting physician provided treatment reports from 08/06/2014 to 10/22/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin/Lidocaine patches 4%; #30: 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 cream Page(s): 111-113.

Decision rationale: According to the 10/22/2014 report, this patient presents with pain the left lower back, left knee and mobility in the lateral ankle. The current request is for Terocin / Lidocaine patches 4% #30. The MTUS guidelines state that Lidocaine patches may be recommended for neuropathic pain that is peripheral and localized when trials of antidepressants and anti-convulsion have failed. ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documenting pain and function. In this case, the treating physician has not documented that a trial of anti-depressants and anti-convulsion have failed, the location of trial of the lidoderm patches is not stated and there is no clear documentation of neuropathic pain that is peripheral and localized. The current request is not medically necessary.