

Case Number:	CM15-0005894		
Date Assigned:	01/20/2015	Date of Injury:	07/20/2007
Decision Date:	03/27/2015	UR Denial Date:	01/02/2015
Priority:	Standard	Application Received:	01/11/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 39 year old female, who sustained an industrial injury on 7/20/2007. The mechanism of injury was not noted. The diagnoses have included chronic pain, traumatic arthropathy, ankle and foot, tarsal tunnel syndrome, and mononeuritis of lower limb, unspecified. Treatment to date has included conservative measures. A PR2 report dated 7/02/2014, noted treatment with H-wave to stimulate nerves in foot and ankle and the use of Terocin/Lidocaine patches. Currently, the injured worker complains of pain in the lateral aspect complex, sinus tarsi. Pain was rated 5-7/10, similar to previous visits. She also reported pain in her left lower back and left knee. Objective findings included an antalgic gait with ankle instability. Radiographic findings were not noted. Current medication list was not noted. On 1/02/2015, Utilization Review (UR) non-certified a request for 4% Terocin/Lidocaine patches, noting the lack of compliance with MTUS Chronic Pain Medical Treatment Guidelines. The UR also non-certified a request for in office H-wave treatments, citing lack of compliance with MTUS Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

4% Terocin/Lidocaine Patches: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter Salicylate Topicals Drugs.com

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Lidoderm patches

Decision rationale: According to the 12/09/2014 report, this patient complains of feeling ?instability in the lateral ankle and subtalar joint with an increased pain in the opposite extremity due to compensatory gait changes. The current request is for 4% Terocin/Lidocaine patches. The request for authorization is on 12/09/2014. The patients work status was not mentioned in this report. Terocin patches are a dermal patch with 4% lidocaine, and 4% menthol. 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, this patient presents with left ankle and foot pain which is peripheral and localized, but there is lack of evidence that this is neuropathic in nature. The treating physician has not documented that a trial of anti-depressants and anti-convulsion have failed. The MTUS does not support the use of Terocin patch without documentation of neuropathic pain that is peripheral and localized. The current request IS NOT medically necessary.

In Office H-Wave Treatments: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Stimulation (HWT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation Page(s): 117-118.

Decision rationale: According to the 12/09/2014 report, this patient complains of feeling ?instability in the lateral ankle and subtalar joint with an increased pain in the opposite extremity due to compensatory gait changes. The current request is for in office H-wave treatment. Regarding H wave units, MTUS guidelines page 117, 118 supports a one-month home-based trial of H-Wave treatment as a noninvasive conservative option for neuropathic pain or chronic soft tissue inflammation if used as an adjunct to a program of evidence-based functional restoration, and only following failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications, plus (TENS). In reviewing the provided reports, the treating physician is using the H wave unit to diminish nerve pain. However, the treating physician does not indicate that the patient had tried noninvasive conservative care including chiropractic treatment, massage, medications, or TENS unit for 30 day trial. In this case, the treating physician provided no discussion on how the in office H-wave treatment has helped the patient. There is no documentation that the patient is actually taking less medication with significant ADL improvement with the use of the H-wave. MTUS page 8

require that the treating physician provide monitoring of the patient's progress and make appropriate recommendations. The current request IS NOT medically necessary.