

Case Number:	CM15-0016999		
Date Assigned:	02/02/2015	Date of Injury:	01/08/2014
Decision Date:	05/29/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	01/26/2015

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 29-year-old male, who sustained an industrial injury on 01/08/2014. The initial complaints or symptoms included right ankle, right shoulder and low back pain after twisting his ankle and falling. The injured worker was diagnosed as having right ankle sprain. The initial complaints and diagnoses were not mentioned in the clinical notes. Treatment to date has included conservative care, medications, MRIs, x-rays, consultations, and conservative therapies. At the time of the request for authorization (04/08/2014), the injured worker complained of frequent right ankle pain localized in the anterior aspect with swelling, numbness and tingling in the right foot and toes, and grinding, popping and clicking in the ankle. There was also complaints of right shoulder pain and low back pain. The diagnoses include ankle sprain, peroneal tendon impairment with possible tear, tear to the anterior talofibular ligament, internal derangement of the ankle joint, and neuropraxia of the peroneal and tibial peripheral nerves. The treatment plan consisted of Terocin patches (DOS 04/08/2014).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Terocin patch DOS 4/8/14: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical lidocaine (lidoderm patches) Page(s): 56-57, 112. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Lidoderm.

Decision rationale: Based on the 4/8/14 progress report provided by the treating physician, this patient presents with right ankle pain localized in anterior aspect, with swelling/numbness/tingling in right foot/toes, pain rated 7-8/10, right shoulder pain that is localized, and increases when lying on right side, rated 5-7/10, and occasional low back pain with numbness/tingling sensations in bilateral lower extremities, rated 5/10. The treater has asked for RETRO TEROGIN PATCH DOS 4/18/14 but the requesting progress report is not included in the provided documentation. The request for authorization was not included in provided reports. The patient is s/p 12 sessions of massage, electrical stimulation, and head pads with "very little benefit" per 4/8/14 report. The patient saw a podiatrist who recommended an unspecified right ankle surgery, but the patient has not had any prior surgeries per 4/8/14 report. The patient is currently taking Ibuprofen per 4/8/14 report. The patient is using bandaging and an orthotic boot for the right ankle per 4/8/14 report. The treater states that there has been improvement since the original injury per 4/8/14 report. The patient's work status is temporarily totally disabled for six weeks per 4/8/14 report. Terocin patches are dermal patches with 4% lidocaine, 4% menthol. MTUS Guidelines page 57 states, "Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line treatment (tricyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica)." Page 112 also states, "Lidocaine indication: Neuropathic pain. Recommended for localized peripheral pain." In reading ODG Guidelines, it specifies that Lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use, and outcome documented for function and pain. Review of reports shows the patient has not had prior use of Terocin patches prior to the 4/8/14 report. In this case, the patient suffers from right ankle, right shoulder and lower back pain. The 4/8/14 report states: "the peripheral nerve pain is due to tractions of the peripheral nerve during the injury. If the pain persists, then the nerve has been damaged and entrapped in the surrounding ligament caused by peripheral nerve compression." In this case, this patient presents with right ankle pain which is peripheral, localized, and appears to be neuropathic in nature as per MTUS guidelines. The retrospective request for a trial of Terocin IS medically necessary.