

Case Number:	CM15-0117513		
Date Assigned:	07/23/2015	Date of Injury:	04/17/2003
Decision Date:	09/17/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/18/2015

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: Emergency Medicine

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 42 year old female who sustained an industrial injury on 04/17/2003 resulting in pain and injury to the right ankle as she was thrown from harvesting equipment. Treatment provided to date has included: right foot/ankle surgery (2011) physical therapy; medications; and conservative therapies/care. Diagnostic tests performed include: MRI of the right ankle (2015) showing evidence of a sprain or rupture of the anterior talofibular ligament without significant changes from prior MRI; and x-rays of the right foot/ankle (2015) showing calcification spurring to posterior calcaneus. There were no noted co-morbidities or other dates of injury noted. On 05/22/2015, physician progress report noted complaints of improving right foot and ankle pain. The pain was not rated and no description of the pain was noted. Current medications include Soma, naproxen, omeprazole, Norco and tramadol. The physical exam revealed tenderness along the anterior talofibular ligament and peroneal tendons posterior to the malleolus, tenderness along the origin of the plantar fascia, negative Tinel's test, and able to complete single toe rise without pain. The provider noted diagnoses of chronic right ankle ATFL (anterior talofibular ligament) tear, right peroneal tendonitis, status post right foot plantar fascia release, and status post right tarsal tunnel release. Plan of care includes two topical analgesics (Terocin patches and Exoten-C lotion); continued medications: Soma, Norco, naproxen and tramadol; continued exercise program at the [REDACTED], and follow-up in 4 weeks. The injured worker's work status was noted as "permanent work restrictions". The request for authorization and IMR (independent medical review) includes: Terocin patches consisting of:

4% lidocaine and 4% menthol #30 with 2 refills, Exoten-C lotion consisting of: 20% methyl salicylate, 10% menthol and 0.002% capsaicin 120gm with 2 refills, and Soma 350mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin patch lidocaine 4% menthol 4%, thirty count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines page 111-113, Topical Analgesics Page(s): 111-113.

Decision rationale: The requested Terocin patch lidocaine 4% menthol 4%, thirty count, is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants". The injured worker has improving right foot and ankle pain. The treating physician has documented tenderness along the anterior talofibular ligament and peroneal tendons posterior to the malleolus, tenderness along the origin of the plantar fascia, negative Tinel's test, and able to complete single toe rise without pain. The treating physician has not documented trials of anti-depressants or anti-convulsants. The treating physician has not documented intolerance to similar medications taken on an oral basis, nor objective evidence of functional improvement from any previous use. The criteria noted above not having been met, Terocin patch lidocaine 4% menthol 4%, thirty count is not medically necessary.

Exoten-C lotion/methyl salicylate 20%/menthol 10%/capsaicin 0.002% 120 grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines page 111-113, Topical Analgesics Page(s): 111-113.

Decision rationale: The requested Exoten-C lotion/methyl salicylate 20%/menthol 10%/capsaicin 0.002% 120 grams, is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants". The injured worker has improving right foot and ankle pain. The treating physician has documented tenderness along the anterior talofibular ligament and peroneal tendons posterior to the malleolus, tenderness along the origin of the plantar fascia, negative Tinel's test, and able to complete single toe rise without pain. The treating physician has not documented trials of anti-depressants or anti-convulsants. The treating

physician has not documented intolerance to similar medications taken on an oral basis, nor objective evidence of functional improvement from any previous use. The criteria noted above not having been met, Exoten-C lotion/methyl salicylate 20%/menthol 10%/capsaicin 0.002% 120 grams is not medically necessary.

Soma 350 mg, sixty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol, Page 29; Muscle Relaxants, Pages 63-66 Page(s): 63-66, 29.

Decision rationale: The requested Soma 350 mg, sixty count, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Carisoprodol, Page 29, specifically do not recommend this muscle relaxant, and Muscle Relaxants, Pages 63-66 do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has improving right foot and ankle pain. The treating physician has documented tenderness along the anterior talofibular ligament and peroneal tendons posterior to the malleolus, tenderness along the origin of the plantar fascia, negative Tinel's test, and able to complete single toe rise without pain. The treating physician has not documented duration of treatment, spasticity or hypertonicity on exam, intolerance to NSAID treatment, nor objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Soma 350 mg, sixty count is not medically necessary.