

Case Number:	CM15-0122907		
Date Assigned:	07/14/2015	Date of Injury:	09/25/2009
Decision Date:	09/15/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/25/2015

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: New York

Certification(s)/Specialty: Pediatrics, Internal 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 43-year-old female, with a reported date of injury of 09/25/2009. The mechanism of injury was a slip and fall. The injured worker's symptoms at the time of the injury included back pain. The diagnoses include chronic grade II left ankle sprain, left sinus tarsitis, tarsal tunnel syndrome, traumatic arthritis, neuropathy of the ankle and foot, swelling, and complex regional pain syndrome. Treatments and evaluation to date have included a cane, supportive therapy, orthotics, injection therapy, oral medications, and topical pain medication. The diagnostic studies to date were not indicated. The progress report dated 03/02/2015 indicates that the injured worker had compensatory pain radiating from the hip into the extremities and ankle. Her pain level was rated 5 out of 10 with range of motion. There was burning and chronic pain in the median ankle, and pain and stiffness in the subtalar joint and ankle. The objective findings include pain into the subtalar joint, crepitus, sciatica, abnormal gait testing, nerve pain in the medial foot and ankle, burning pain and aching pain, tarsal tunnel, swelling in the ankle, and neuropathy. The injured worker's work status was not indicated. There was documentation that the injured worker had facet problems with nerve impingement, which was consistent with the injuries she sustained in her original injury when she injured her back. She developed and she continued to have pain that radiated down her leg into her foot, as well as lower back pain. The work status report dated 01/28/2015 indicates that the injured worker was unable to return to work until 03/28/2015. The treating physician requested Terocin patches and an in-office H-wave treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

In office H-wave treatment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy and H-wave stimulation (HWT) Page(s): 114 and 117-118.

Decision rationale: The CA MTUS Chronic Pain Guidelines indicate that electrotherapy is the therapeutic use of electricity and is another mode that can be used in the treatment of pain. H-wave stimulation is not recommended as an isolated intervention. A one-month home-based trial of H-wave stimulation may be considered a non-invasive conservative option for diabetic neuropathic pain, or chronic soft tissue inflammation if used in addition to a program of evidence-based functional restoration, and only following the failure of initially recommended conservative care. There was no documentation that the injured worker had failed initial conservative care. The guidelines state that a recent retrospective study suggested that the effectiveness of the H-wave device, the patient selection criteria included a physician-documented diagnosis of chronic soft-tissue injury or neuropathic pain in an upper or lower extremity or the spine that was unresponsive to conventional therapy. The injured worker was diagnosed with neuropathy of the ankle and foot; however, there was no documentation that the pain was unresponsive to conventional therapy. The MTUS states, "In fact, H-wave is used more often for muscle spasm and acute pain as opposed to neuropathy or radicular pain, since there is anecdotal evidence that H-Wave stimulation helps to relax the muscles, but there are no published studies to support this use, so it is not recommended at this time." The site of use for the device is not included. The request does not meet guideline recommendations. Therefore, the request for in-office H-Wave treatment is not medically necessary.

Terocin patches: Upheld

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

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

Decision rationale: The CA MTUS Chronic Pain Guidelines indicate that topical analgesics are "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." They are "largely experimental in use with few randomized controlled trials to determine effectiveness or safety." Terocin patch is a combination of Lidocaine and Menthol. The guidelines state that topical lidocaine, only in the form of the Lidoderm patch, is indicated for neuropathic pain. The MTUS states that "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In addition, the treating

physician's request did not include the concentration, quantity, site of application, or directions for use. As such, the prescription is not sufficient and not medically necessary.