

Case Number:	CM15-0079011		
Date Assigned:	04/30/2015	Date of Injury:	09/23/1997
Decision Date:	05/29/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	04/24/2015

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: North Carolina, Georgia
Certification(s)/Specialty: Family Practice

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 69 year old female, who sustained an industrial injury on 9/23/97. She reported pain in her left shoulder, left ankle, left foot and bilateral knees. The injured worker was diagnosed as having fracture foot bone, edema and traumatic arthritis. Treatment to date has included H-wave therapy and oral and topical medications. As of the PR2 dated 3/10/15, the injured worker reports 6/10 pain in the left foot. The treating physician noted decreased range of motion and abnormal gait. An UNNA boot was applied to the affect ankle/foot. The treating physician requested a nerve block injection with lidocaine and Terocin patches #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nerve Block Injection with lidocaine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Ankle & Foot (Acute & Chronic) - Injections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Ankle, Injections.

Decision rationale: CA MTUS is silent on ankle injections. ODG states that intra-articular steroid injections are not recommended. Additionally injections for Morton's neuroma and Achilles tendonitis are not recommended. The request for nerve block ankle injection is not medically indicated.

Terocin Patches Qty 30 (retrospective DOS 03/10/15): 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 Section 2 Page(s): 111-113.

Decision rationale: CA MTUS recommends limited use of topical analgesics. There is limited evidence for short-term use of topical NSAID analgesics for osteoarthritis with most benefit seen in use up to 12 weeks but no demonstrated benefit beyond this time period. CA MTUS specifically prohibits the use of combination topical analgesics in which any component of the topical preparation is not recommended. Terocin patches contain menthol and lidocaine. Menthol is not a recommended topical analgesic. Lidocaine patches are available as Lidoderm without the menthol addition. As such, Terocin patches are not medically necessary and the original UR decision is upheld.