

Case Number:	CM15-0096940		
Date Assigned:	05/27/2015	Date of Injury:	11/22/2011
Decision Date:	06/30/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/19/2015

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 62 year old female who sustained a work related injury November 22, 2011. Past history included low blood pressure, asthma, and thyroid problems. A most recent injury May, 2013, noted as an exacerbation of previous injury to the left foot and ankle. A 200 pound student stepped hard across her left foot, causing immediate swelling and pain. According to a physician's progress note, dated February 4, 2015, the injured worker presented with ongoing pain of the left foot and ankle. The pain is across the dorsum of the foot, to the ball of the foot. Past treatment included cortisone injections, custom orthotic foot braces and in-depth shoes with custom inserts. Diagnoses included acute trauma 11/22/11; sprain grade I-II anterior lateral ankle left foot ; sprain grade II sinus tarsi left foot; sprain grade I-II cuboid articulation left foot; sprain grade I-II cuboid 5th metatarsal articulation left; contracture tendinitis, tenosynovitis, Achilles tendon left. Treatment plan included replacing support hose and foot and ankle brace, and at issue, the retrospective request for Terocin patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin patches, Qty 30, retro DOS 2/5/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56-57.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Topical Analgesics Page(s): 56-57, 111-113. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Lidoderm.

Decision rationale: Based on the 3/4/15 progress report provided by the treating physician, this patient presents with left foot/ankle pain. The treater has asked for Terocin Patches Qty: 30, Retro: DOS 2/5/15 on 3/4/15. The request for authorization was not included in provided reports. The patient is s/p cortisone injections for the foot, orthotic foot braces, terocin patches, custom AFO brace. The patient has not had prior surgeries to the right ankle/foot. The patient's work status is permanent and stationery as of 7/26/13 with continued and future medical, and is currently working full time per 3/4/15 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 had prior use of Terocin patches prior to the 3/4/15 report. The patient has been using Terocin since 10/17/14 report which states: "Controlled at 50-70%. Terocin helps reduce pain". 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. However, the treater does not document how it is used, how often it is used and with what efficacy in terms of pain reduction and functional improvement except a general statement that it "helps reduce pain". MTUS page 60 require recording of pain and function when medications are used for chronic pain. The retrospective request for Terocin is not medically necessary.