

Case Number:	CM13-0027492		
Date Assigned:	06/06/2014	Date of Injury:	03/05/1999
Decision Date:	07/14/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	09/23/2013

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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 60 year old female who sustained an injury on 03/05/99 while walking down a stairway. The injured worker sustained an injury to the right foot. The injured worker has been followed for complaints of pain in the lower extremities that had been stable. The injured worker was followed by [REDACTED] for pain management with prescription medications including topical Lidoderm patches and Voltaren gel. Other medications included Neurontin, lactate caplets, and Tylenol. The injured worker was seen on 09/05/13 with reports of mild pain. No side effects from medications were reported. Physical examination noted antalgic gait to the right side that was assisted by a cane. There was tenderness to palpation over the right heel and mid foot and over the left tarsal tunnel medial foot and ankle. No motor weakness was noted and there was 1+ edema in the left lower extremity up to the mid-calf. The injured worker had trial of game ready compression device which was found to be helpful with activity tolerance. Follow up on 10/24/13 noted no change in medications. On physical examination there was continued 1+ edema in the left leg up to the mid-calf. Physical examination findings were unchanged. It appeared the injured worker gained authorization for requested durable medical equipment. The injured worker was recommended for additional foot orthoses to replace worn out ones. Lidoderm patches were prescribed were refilled at this visit. Follow up on 12/19/13 with [REDACTED] noted no change in medications. Physical examination findings remained unchanged. The injured worker obtained new foot orthoses. The injured worker was pending delivery of a game ready compression unit. The requested durable medical equipment including game ready compression device, Lidoderm patches, Voltaren gel, Neurontin 100mg, and lactate caplets were denied by utilization review on 09/11/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDODERM PATCH 5%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 56-57, 111-112, 18-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Patch Page(s): 56-57.

Decision rationale: In regards to the request for Lidoderm patch 5%, this medication is indicated as a second line treatment for persistent neuropathic pain that has failed first line medication such as anticonvulsants or antidepressants which are typically utilized to address neuropathic symptoms. From the clinical documentation submitted for review it is unclear whether the injured worker had reasonably failed a trial of either first line anticonvulsants or antidepressants. Physical examination findings were not consistent with persistent neuropathic pain. There was no other indication for the use of Lidoderm patches such as post-herpetic neuralgia. Given the lack of any clear indications for the use of this medication, the request is not medically necessary and appropriate.

VOLTAREN GEL 1%: Upheld

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

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

Decision rationale: There was no clinical documentation regarding symptomatic osteoarthritis for which Voltaren gel could be utilized as a direct treatment. There is also no other indication that the injured worker had been unable to tolerate oral anti-inflammatories or that the use of oral medications were contraindicated to support topical anti-inflammatory use. The request is not medically necessary and appropriate.

NEURONTIN 100MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptics Page(s): 16-22.

Decision rationale: In regards to the request for Neurontin 100mg, the Chronic Pain Medical Treatment Guidelines states this medication is a first line medication in the treatment of neuropathic pain. In review of the prior utilization review this medication was modified for a quantity of 90. The request is not medically necessary.

LACTAID CAPLETS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.ncbi.nlm.nih.gov/pubmed/8223076>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Lactaid. (2013). In Physicians' desk reference 67th Edition.

Decision rationale: In regards to the request for lactaid caplets, there was no clinical indication for lactose intolerance disorder which would have required the use of this medication. Given the limited evidence for the use of this medication the request is not medically necessary and appropriate.