

<b>Case Number:</b>	CM13-0068681		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	01/21/2009
<b>Decision Date:</b>	05/20/2014	<b>UR Denial Date:</b>	11/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2013

### 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 Occupational 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 applicant has filed a claim for chronic ankle pain reportedly associated with an industrial injury of January 21, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; reported return to work per the claims administrator; apparent diagnosis with a traumatic ankle fracture; and topical agents. A handwritten note of November 1, 2013 is somewhat difficult to follow, notable for comments that the applicant is averaging eight hours of work a day. The applicant reports 5/10 pain, it is stated. The note is handwritten and difficult to follow. The applicant's gait is normal. He exhibits full range of motion about the injured ankle. Medications are apparently renewed. The applicant is returned to regular duty work and asked to follow up in four weeks. An earlier note of September 27, 2013 is notable for comments that the applicant presents to follow up on his chronic left ankle pain. His pain is scored at 5/10. He is encouraged to do home exercises. He is apparently working. He is asked to try Topamax as an adjuvant medication. An earlier note of August 10, 2013 is again notable for comments that the applicant is working. Home exercises were again encouraged. The applicant again denied any side effects from oral medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LIDOPRO CREAM:** Upheld

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

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

**Decision rationale:** LidoPro cream is an amalgam of various topical agents, including lidocaine. As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics as a class, are deemed largely experimental, to be used when trials of oral antidepressants and/or anticonvulsants fail. In this case, however, the applicant was apparently trialed on an oral anticonvulsant medication, Topamax. There is no evidence of failure of the same. It is further noted that the applicant is using another first-line oral pharmaceutical, specifically tramadol, with reportedly good effect, effectively obviating the need for the largely experimental LidoPro cream. Accordingly, the request is not medically necessary.

**TRAMADOL 50MG #90:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, When to Continue Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidences of successful return to work, improved functioning, and/or reduced pain effected or achieved as a result of the same. In this case, the applicant seemingly meets all of the aforementioned criteria. The applicant has returned to work. The applicant does report appropriate reduction in pain scores as a result of ongoing tramadol usage. Ongoing usage of tramadol is keeping the applicant functional and performing home exercises, it further appears. Continuing the same, on balance, is therefore indicated. Accordingly, the request is medically necessary.