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| Case Number: | CM14-0000897 | | |
| Date Assigned: | 01/22/2014 | Date of Injury: | 10/30/2012 |
| Decision Date: | 07/11/2014 | UR Denial Date: | 12/18/2013 |
| Priority: | Standard | Application Received: | 01/03/2014 |

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 Neurology, 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 patient is a 64 year old man who sustained a work-related injury on October 30, 2012. Subsequently he developed right ankle pain with an ankle fracture and a right foot in an externally rotated position. According to a note dated on December 11, 2013, a right ankle MRI was done on January 2013 and showed both a nondisplaced transverse fracture of the distal fibula at the level of the tibiotalar joint and tears of the anterior and posterior tibiofibular ligaments. The foot/ankle was placed in a cast and he was then transitioned to a walking boot/brace, which he continues to use. The patient feels that his condition is slowly improving and the pain has become less intense, in part due to a helpful injection done on November 1, 2013. The patient was diagnosed with right ankle sprain/strain with ligament sprain/strain and superficial peroneal nerve neuritis, as well as ankle synovitis. The provider requested authorization to use Lidoderm patch and Voltaren.

IMR ISSUES, DECISIONS AND RATIONALES

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

VOLTAREN GEL 1% 4 X DAY: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the MTUS Chronic Pain Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to the MTUS Chronic Pain Guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no documentation of failure or intolerance of NSAID or oral first line medications for the treatment of pain. The patient developed neuritis and there is no evidence that Voltaren gel is effective for the treatment of neuropathic pain. There is no justification for the use of Voltaren. Therefore, the request is not medically necessary.

LIDODERM PATCH 5%: Upheld

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

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

Decision rationale: According to the MTUS Chronic Pain Guidelines, "Lidoderm is the brand name for a lidocaine patch produced by Endo Pharmaceuticals. Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin." In this case, there is no documentation that the patient developed neuropathic pain that did not respond for first line therapy and the need for Lidoderm patch is unclear. The patient was on Neurontin with no documentation of drug failure. Therefore, the request is not medically necessary.