

Case Number:	CM14-0106262		
Date Assigned:	09/16/2014	Date of Injury:	12/01/2004
Decision Date:	10/15/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/09/2014

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 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:

This is a 57-year-old with a December 1, 2004 date of injury. A specific mechanism of injury was not described. According to a progress report dated June 20, 2014, the patient was stable at the time and required a replacement of his ankle brace, which had worn out. He continued to report intermittent vasomotor changes in lower extremity and the foot was intermittently cold as well as discolored. Objective findings: antalgic gait, tenderness over ankle and foot distal leg, hyperalgesia and lower extremity atrophy. Diagnostic impression: component of complex regional pain syndrome of left lower extremity, posttraumatic degenerative disease of left knee and ankle, status post open reduction and internal fixation of severe comminuted distal tibial pilon fracture/distal fibular fracture. Treatment to date: medication management, activity modification, surgery. A UR decision dated July 2, 2014 denied the requests for 1 brace for the left ankle and Lidoderm patch. The request for Ambien was modified to 22 tablets for weaning purposes. Regarding ankle brace, the subjective and objective findings on June 20, 2014 did not reveal any clear evidence of ankle joint instability that required continued use of an ankle brace. Regarding Ambien, the records revealed use since at least August 10, 2012. There was no demonstration of substantial sleep improvement with chronic long-term use. Regarding Lidoderm, no quantified assessment of Lidoderm's efficacy for pain had been performed to support continued use.

IMR ISSUES, DECISIONS AND RATIONALES

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

One brace for the left ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): Page 371-372. Decision based on Non-MTUS Citation Official Disability Guidelines Ankle & Foot (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Foot and Ankle Chapter

Decision rationale: CA MTUS does not address this issue. ODG states that bracing is not recommended in the absence of a clearly unstable joint. Functional treatment appears to be the favorable strategy for treating acute ankle sprains when compared with immobilization. For patients with a clearly unstable joint, immobilization may be necessary for 4 to 6 weeks, with active and/or passive therapy to achieve optimal function. However, there remains no evidence of ankle instability of the ankle joint. Guidelines do not support the use of an ankle brace in the absence of a clearly unstable joint. Therefore, the request for one brace for the left ankle is not medically necessary or appropriate.

Ambien 10 mg: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Ambien Other Medical Treatment Guideline or Medical Evidence: FDA (Ambien)

Decision rationale: CA MTUS does not address this issue. ODG and the FDA state that Ambien is approved for the short-term (usually two to six weeks) treatment of insomnia. Additionally, pain specialists rarely, if ever, recommend Ambien for long-term use. According to the UR decision dated 7/2/14, this patient has been taking Ambien since at least 8/10/12, if not earlier. Guidelines do not support the long-term use of Ambien. There is no documentation of insomnia or sleep disturbance in the most recent report provided for review. In addition, there is no documentation that the provider has addressed non-pharmacologic methods for sleep disturbances, such as proper sleep hygiene. Therefore, the request for Ambien 10 mg is not medically necessary or appropriate.

Unknown prescription of Lidoderm patch: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter - Lidoderm

Decision rationale: The Chronic Pain Medical Treatment Guidelines states that 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 [serotonin-norepinephrine reuptake inhibitor] antidepressants or an AED [anti-epileptic drug] such as gabapentin or Lyrica). ODG states that Lidoderm is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points. The guidelines state that for continued use of Lidoderm patches, the area for treatment should be designated as well as number of planned patches and duration for use (number of hours per day). There should be documentation of a successful trial of Lidoderm patches, as well as a discussion of functional improvement, including the ability to decrease the patient's oral pain medications. The documentation provided does not provide this information. In addition, the patient is noted to be taking a first-line agent, gabapentin. There is no rationale provided as to why the patient requires an additional medication at this time. Therefore, the request for Unknown prescription of Lidoderm patch is not medically necessary or appropriate.