

Case Number:	CM14-0010733		
Date Assigned:	02/21/2014	Date of Injury:	06/22/2010
Decision Date:	06/25/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	01/27/2014

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 Anesthesiology 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 34 year old female who sustained an injury on 06/22/10 when she twisted her ankle and foot. The injured worker had been initially treated with injections, physical therapy, and the use of antiinflammatories which was not beneficial. The injured worker did have a surgical intervention for the foot and ankle in November of 2012. Following surgery, the injured worker had persistent complaints of neuropathic symptoms in the dorsum of the foot and pain with any weight bearing. The injured worker was seen on 10/24/13 with persistent complaints of pain in the left foot. The prior surgical procedure was a left peroneus longus brevis transfer with excision of a ganglion cyst. The injured worker continued to report persistent neuritis over the left foot. Medications have included Lyrica and Kadian for pain. The injured worker was also utilizing Lidoderm patches which were reported as beneficial. On physical examination, there were positive Tinel's signs over the left superficial peroneal nerve. Mild weakness was noted on plantar flexion and dorsa flexion. There was mild tenderness to palpation over the plantar aspect of the heel. The injured worker was able to bear weight in the left lower extremity but did have an antalgic gait which was cane assisted. Recommendations were for the use of compression stockings and a brace. Medications were also recommended to be continued. The injured worker was seen on 11/18/13 with persistent complaints of left foot pain. The injured worker felt that her medications were working well. The injured worker was utilizing topical Voltaren gel in addition to Lidoderm. The injured worker was utilizing Kadian extended release 10mg once a day and was utilizing Docusate as well as Senokot to avoid constipation. Physical examination noted a continued antalgic gait with the use of a cane. There continued to be some very mild weakness on left ankle dorsa flexion. The injured worker was recommended to continue with her home exercise program. Again, the injured worker was recommended for a support brace and compression stockings. The injured worker was

recommended to taper Kadian further as her pain improved. The injured worker did note that with the use of Lidoderm patches, she had the ability to ambulate further. The injured worker did trial generic Lidoderm patches but felt that the generic version was not as beneficial as brand name Lidoderm patches. The injured worker was seen on 12/16/13 for follow up. The injured worker's symptoms were unchanged. The injured worker did report benefits from a Conzip sample. Physical examination findings remained unchanged at this evaluation. The requested Lidoderm patches 5%, quantity 30 and Senokot quantity 60 were denied by utilization review on 01/09/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDODERM 5% PATCH QTY: 30: Overturned

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

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

Decision rationale: The injured worker has been followed for persistent neuropathic symptoms in the left foot following surgical procedures completed in November of 2012. Chronic Pain Medical Treatment Guidelines state neuropathic symptoms are an indication for this medication. Multiple medications were noted for this injured worker to include Lidoderm patches. The clinical records did note the injured worker had an increasing ability to walk as well overall reduced pain in the left foot with the use of this medication. Lidoderm patches can be utilized as an option for the treatment of persistent neuropathic pain. Given the efficacy noted in the clinical records with the use of Lidoderm patches as well as the injured worker's persistent objective findings for left ankle and foot neuritis, the request for Lidoderm 5% is medically necessary.

SENOKOT, 60: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Senokot. (2013). In Physicians' desk reference 67th ed.

Decision rationale: The injured worker has continued to utilize Kadian for pain control. A known side effect from narcotics use includes constipation. Given the ongoing use of narcotic medications for pain, Senokot to avoid constipation would have been medically reasonable and appropriate. Therefore, the request for Senokot #60 is medically necessary.

