

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0024322 | | |
| Date Assigned: | 06/11/2014 | Date of Injury: | 10/17/1980 |
| Decision Date: | 07/16/2014 | UR Denial Date: | 02/10/2014 |
| Priority: | Standard | Application Received: | 02/26/2014 |

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 Internal Medicine and is licensed to practice in Maryland. 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 was a 57 year old male who was being treated for foot pain. His initial date of injury was 10/17/1980. The documents reviewed have no information on the mechanism of injury. His history is noted for calcaneal fractures bilaterally with arthritis of subtalar joint bilaterally status post fusion on the left. The request was for Soma, Terocin, Lidopro lotion and Xanax tablets. His past history is significant for hypertension. His medications included Norco, OxyContin, Xanax, Soma, Fentanyl patch and LidoPro lotion. He was seen by the treating provider in September, 2013, December 2013 and April 2014. He was noted to have 8-10/10 intensity pain in his foot without medications and 2-3/10 with medications. He also reported numbness and tingling in feet. He used Soma for spasm, which was noted to be helpful. He was on Gabapentin for numbness and tingling. He was not working and was on disability. Pain was noted to be worse with standing or walking. He was also using hot and cold modalities and TENS units for pain as needed. He had one plus edema in ankles and range of motion of bilateral feet was found to be limited. He ambulated with a rollator. His diagnoses included calcaneal fracture bilaterally, with arthritis of subtalar joint on the right, arthritis and fusion to the subtalar joint on the left, mid foot arthritis on the left. His diagnoses also included stress and sleep issues. He was prescribed Xanax for anxiety, Soma for muscle spasms and LidoPro and Terocin patches for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE LIDOPRO LOTION 4OZ: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL LIDOCAINE.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112 127.

Decision rationale: The Patient had bilateral ankle pain and history of fusion with arthritis. He was being treated with oral Opiates and topical Fentanyl. Apart from the tingling and numbness, there is no evidence of neuropathic pain. X-ray revealed arthritis of ankle joint. According to MTUS guidelines, topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Lidopro has Lidocaine, Capsaicin, Menthol and Methyl salicylate. Lidocaine is recommended for neuropathic pain after there has been evidence of a trial of first line therapy with anti-depressants or anti epileptic drugs. Formulations that do not involve a dermal patch system are generally indicated as local anesthetics and anti pruritics. Lidocaine topically is not recommended for non neuropathic pain as in this case and also not to treat just numbness and tingling, especially in the form of a lotion. In addition, there is not enough documentation that pain is not responding to first line medications. Any compounded product that contains at least one drug that is not recommended is not recommended. Hence medical necessity for LidoPro is not met.

TEROCIN, 20 PATCHES: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112 127.

Decision rationale: The patient had bilateral ankle pain and history of fusion with arthritis. He was being treated with oral Opiates and topical Fentanyl. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Terocin has Lidocaine, Capsaicin, Menthol and Methyl salicylate. Lidocaine is recommended for neuropathic pain after there has been evidence of a trial of first line therapy with anti-depressants or anti epileptic drugs. Lidocaine topically is not recommended for non neuropathic pain as in this case. Any compounded product that contains at least one drug that is not recommended is not recommended. In addition, Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. In this case, there is not enough documentation that the employee is unable to tolerate other medications or is not responding to other medications. Hence the medical necessity for topical Terocin is not met.

XANAX 2MG, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Stress related conditions Page(s): 388. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic pain, Anxiety medications in chronic pain, Alprazolam.

Decision rationale: According to Official disability guidelines and MTUS guidelines, Benzodiazepines are only recommended for short-term use due to risk of tolerance, dependence and adverse events (daytime drowsiness, anterograde amnesia, next-day sedation, impaired cognition and rebound insomnia). They are not recommended for long term use due to sedation effects, potential for abuse, psychological dependence and withdrawal symptoms. In this particular scenario, the employee has a diagnosis of stress and sleep related issues with anxiety and there is no documentation about acute worsening of anxiety that would necessitate Benzodiazepines. Hence the medical necessity for Xanax is not met.

SOMA 350MG, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, MUSCLE RELAXANTS (FOR PAIN).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain Page(s): 63 65.

Decision rationale: Carisoprodol is an antispasmodic that is used to decrease muscle spasms. MTUS guidelines recommend using this agent for no longer than 2 to 3 week period due to drowsiness, psychological and physical dependence and withdrawal symptoms. It is suggested that its main effect is due to generalized sedation as well as treatment of anxiety. In this case, the employee has been on it for long term control of spasms and hence the medical necessity for Soma is not met.