

Case Number:	CM14-0034036		
Date Assigned:	06/20/2014	Date of Injury:	10/23/2001
Decision Date:	07/24/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/18/2014

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 employee was a 56 year old female who was being treated for comprehensive injuries to the lower back and legs. The date of injury was 10/23/01. The mechanism of injury is not given. Pertinent past history included anxiety disorder, asthma, back problems, depression and hyperlipidemia. Her medications included Crestor, docusate, fluticasone nasal spray, Gralise, Indomethacin, Lidoderm patch, Pristiq, Tizanidine and topical compounded cream. The diagnoses included tarsal tunnel syndrome, depressive disorder, esophageal reflux, lumbago and urinary incontinence. The last visit notes dated 02/12/14 was reviewed. Her subjective symptoms included pain radiating to the legs bilaterally as well as bilateral foot and ankle pain. The pain was reportedly arising in the ankle and going up to the knee and calves. She also reported back pain as a result of altering gait and foot pain. The quality of the pain was burning, warm, body crawling sensation and tingling with numbness as well as a sharp stabbing pain with spasms. The severity of the pain was 5-6/10 with the medications and 8-9/10 without the medications. The pain was described as chronic with a duration of more than 12 months. Alleviating factors for the pain included rest, topical medications including the Lidoderm and a compounded analgesic cream which consisted of antispasmodic medication, neuropathic medication and Nonsteroidal anti-inflammatory drugs (NSAIDs). Aggravating factors included stress, certain positions and cold weather. There was no fever no weakness of the limbs, no tingling, no numbness of the legs, no incontinence or swelling of feet. Her medications included tizanidine, Gralise, compounded analgesic cream and Lidoderm patch. She is taking 1200 mg of Gralise and is unable to increase it due to drowsiness. She reported improvement in neuropathic pain with Lidoderm patches and the compounded cream. She also reported urinating on herself when she is in pain. It is also reported that the urinary incontinence is a chronic problem and that she has never had a Urologic evaluation. Pertinent objective findings included hyperalgesia to right ankle more than left ankle.

The treatment plan included continuing neuropathic compounded cream, Gralise 1200 mg, Omeprazole, Tizanidine, Lidoderm patches, Pristiq, Indomethacin orally and Tylenol. In addition, due to her incontinence and urgency (upto 4 episodes per day), she was referred to a Urologist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urology Consult: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): Chapter 6 Independent Medical Examinations And Consultations, 2011.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: American Urological association, Urinary Incontinence, Indications to Refer to Urology.

Decision rationale: The employee was being treated for back pain, leg pain and ankle pain. She had reported urinary incontinence and urgency that is worse with pain. There was no hematuria, urinary frequency or difficulty urinating. This was noted to be a chronic problem that was treated with medication in the past. It is not clear as to what medication and how long the employee was taking it for. There is documentation of ultrasound or a bladder scan that was done several years ago, results of which were not available. Currently the request is for a Urology consultation. According to American Urological Association, the main indication to refer the patient with incontinence to Urology is failure to respond to medical therapy (including history, physical, urinalysis, PVR and medications). If the patient fails to respond adequately to medical therapy then referral is warranted. The presence of hematuria, recurrent infections or complicated incontinence such as the one thought to be neurogenic should always prompt a referral. In this case, she has symptoms of urge incontinence including urgency and inability to reach the toilet with urgency due to pain. There is no documentation of recent bladder scan or medical treatment for incontinence. Given the lack of complications such as hematuria, infections or complicated incontinence and given the lack of failure of first line medications, the Urology consultation is not medically necessary or appropriate.

Neuropathic Pain Cream 240 Grams, Three Refills: 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: The employee was being treated for bilateral ankle pain, paresthesias, tarsal tunnel syndrome and back pain. The current treatment included Gralise, Tizanidine and Lidoderm patch. The request was for compounded neuropathic cream, which had antispasmodic,

neuropathic and NSAID components. The MTUS guidelines recommend against using topical antispasmodics. The guidelines specifically state that if one ingredient of a compound is not recommended, the entire compound is not recommended. In this case, the details of the ingredients are missing, but it is noted that an antispasmodic is part of the cream in addition to NSAIDs. Hence, the request for the compounded cream, which has an antispasmodic, does not meet the MTUS chronic pain treatment guidelines.

Lidoderm Quantity 60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine Page(s): 112.

Decision rationale: The MTUS guidelines do recommend the use of Lidoderm patches for localized peripheral pain after failure of a trial of first-line therapy including Gabapentin or Lyrica. The employee was being treated for back pain, ankle pain and leg pain. There were no electrodiagnostic studies. However, there was a history of tarsal tunnel syndrome with history of paresthesias and examination findings of hyperalgesia worse in right ankle. There is documentation that the employee was being prescribed Gabapentin (Gralise) and could not tolerate the increase in dose due to lethargy. In addition, there is documentation that Lidoderm improved the pain. Due to the history of neuropathic pain and since the employee was recalcitrant to Gralise, the request for Lidoderm patch is medically necessary and appropriate.