

<b>Case Number:</b>	CM14-0036332		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	01/26/1998
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	03/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/25/2014

### 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, has a subspecialty in Pain Medicine, and is licensed to practice in California and Nevada. 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 63 year old female who has a date of injury of 1/26/98. The mechanism of injury is not described. The injured worker is noted to have undergone multiple surgeries to treat torn posterior tibial and Achilles tendons involving the right foot. The most recent clinical note dated 6/5/14 notes that the injured worker is unable to use generic Lidoderm patches as it causes a skin reaction. The injured worker is noted to have severe left heel pain and cannot stand pain without Norco. The injured worker is reported to have weakness in the arch and heel. The injured worker is noted to have constant swelling of the ankle. The injured worker utilizes a custom brace with tennis shoes. The injured worker is noted to be on multiple medications. The injured worker's reflexes are intact. The injured worker is noted to have pain along the course of the posterior tibial tendon on the navicular and proximal to its insertion behind the medial malleolus. The injured worker is noted to have a 1st large Haglund's deformity. The injured worker has pain over the anterior left ankle. It is reported that the injured worker's right foot is collapsing from a tendon tear.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/APAP (acetaminophen) 10/325mg, #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM and Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-80.

**Decision rationale:** The submitted clinical records report that the injured worker has foot pain secondary to multiple operations and chronic tears of the posterior tibial tendon and Achilles tendon. The records do not provide any visual analog scores or other measures of functional improvements with the use of this medication. Given the chronicity of the condition, there should be a signed pain management contract and routine urine drug screens to assess compliance. As such, there is insufficient clinical data to establish the medical necessity for continued use of this medication.

**Lidoderm Patch 5%, #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM and Official Disability Guidelines.

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

**Decision rationale:** The submitted clinical records provide no data which establishes the efficacy of the Lidoderm patches in the treatment of the injured worker's chronic pain. Additionally, it would be noted that per the clinical note dated 6/05/14, the injured worker had a reaction to Lidoderm patches. The request is not supported as medically necessary.