MAXIMUS Federal Services

Case Number:	CM14-0042819		
Date Assigned:	06/30/2014	Date of Injury:	10/18/2012
Decision Date:	08/25/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	04/09/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 44 year old patient had a date of injury on 10/18/2012. The mechanism of injury was he sustained a slip and fell at work. On a physical exam dated 2/21/2014, the patient complains of left lateral ankle pain. Objectively he was alert and oriented. There was no ecchymosis, rashes, or swelling noted. He is maximally tender around the sinus tarsi. Treatment to date has been medication therapy, behavioral modification.A UR decision on 3/12/2014 denied the request for new lace-up ankle brace, stating there was no mention of exercise or ankle instability on exam, and guidelines do not support prolonged ankle bracing in a stable joint. Voltaren Gel was denied, stating no mention of osteoarthritis, and that oral anti-inflammatories are recommend to be continued. Lidoderm patches were denied, stating it could be used for neuropathic pain, but none was seen here.

IMR ISSUES, DECISIONS AND RATIONALES

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

New lace -up ankle brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

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: 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. In a progress report dated 2/11/2014, it was documented that an ankle brace would be provided for the patient without any rationale or discussion for its use. Furthermore, the patient is not documented to have an unstable joint, or to have tried exercise, or active or passive therapy. Therefore, the request for ankle brace was not medically necessary.

Voltaren Gel: Upheld

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

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

Decision rationale: CA MTUS states that Voltaren Gel is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist); and has not been evaluated for treatment of the spine, hip or shoulder. In the reports viewed, the patient is not documented to suffer from osteoarthritis. Furthermore, no discussion or rationale was provided that the patient failed any first line oral NSAIDs such as Motrin or Naproxen. Therefore, the request for Voltaren Gel is not medically necessary.

Lidoderm patches: Upheld

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

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.

Decision rationale: CA MTUS 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 anti-depressants or an anti-epilepsy 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. In the reports viewed, there was no discussion of failure of first line medications such as Gabapentin or Lyrica. Furthermore, the patient is not documented to have neuropathic pain. Therefore, the request for Lidoderm patches is not medically necessary.