MAXIMUS Federal Services

Case Number:	CM14-0079322		
Date Assigned:	07/18/2014	Date of Injury:	06/02/2011
Decision Date:	09/08/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	05/29/2014

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 Occupational Medicine 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 patient is a 54-year-old female who was injured on 06/02/2011 while she was making her way down some stairs while using her cane that she required from a previous surgery, when she lost her balance and fell. Prior medication history included ibuprofen, Naproxen, and Tizanidine. Prior treatment history has included cortisone injection to the left ankle, which helped, TENS, home exercise program, physical therapy and supportive shoe gear.Progress report dated 04/08/2014 indicates the patient presented with complaints of a painful left ankle rating the pain as 2/10 with rest and 4/10 with repetitive prolonged weight-bearing activities. She is noted to utilize an ankle foot orthosis on an as needed basis. Objective findings on exam revealed tenderness to the lateral ankle with 1+ edema in the area of the lateral gutter and into the peroneal tendon area. There is limited inversion of the left subtalar joint at 8/20 degrees; Dorsiflexion is limited to 5/10 degrees. Muscle strength is 4/5 in plantar flexors and evertors of the left foot. Neuro exam revealed deep tendon reflexes 2+/4 and the plantar response is flexor. Her stride is shortened on the left side. She was noted to have excessive pronation and instability throughout the entire stance phase of gait to the mid-foot, hind-foot, and ankle. Diagnoses are post-traumatic synovitis/arthrofibrosis, left ankle, status post osteocartilaginous en bloc allograft transplant, left ankle, with takedown osteotomy to the tibia and extensive arthroscopic debridement; status post twisting injury, left foot and ankle. She has been recommended to utilize a hinge-brace AFO for her left foot and ankle to control her pain and instability. She has been prescribed LidoPro ointment as noted on note dated 05/02/2014, which is not available. Prior utilization review dated 05/14/2014 states the request for LidoPro ointment 121 gm QTY #1 is denied as it is recommended primarily for neuropathic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

LidoPro Ointment, 121 grams, QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Topical Analgesics.

Decision rationale: According to MTUS guidelines, Lidoderm patch is the only recommended formulation of Lidocaine. Lidocaine may be recommended for localized, peripheral neuropathic pain after a failed trial of oral first-line medications. In this case a request is made for LidoPro ointment for a 54-year-old female with chronic left ankle pain. However, LidoPro is not a recommended Lidocaine formulation. Further, neuropathic pain and failure of oral first-line medications are not demonstrated in the provided records. Medical necessity for requested LidoPro is not established.