

<b>Case Number:</b>	CM14-0086658		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	01/22/2008
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	05/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2014

### 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 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:

There were 69 pages for review. The application for independent medical review was signed on August 9, 2014. The items that were denied or modified were prescription drug, generic. Per the records provided, this is a 51-year-old female with the date of injury of January 22, 2008. There was left ankle pain from the diagnoses of left ankle fracture, posttraumatic surgical neuroma, chronic ankle and subtalar joint synovial arthritis, chondromalacia and chronic ankle edema. She is status post left ankle arthroscopy with synovectomy, chondroplasty and debridement and left subtalar arthroscopy with synovectomy and debridement on April 18, 2013. She also has hypertension. She does have an antalgic gait, well healed surgical incision of the foot and decreased and painful left ankle range of motion, and is absent sensation in the foot dorsum and swelling of the left foot and ankle.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Mobic 15 mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal Anti-inflammatory Drugs (NSAIDs) Page(s): 1-127, 67-73, 70-73.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67.

**Decision rationale:** The MTUS recommends non-steroidal anti-inflammatory drugs (NSAID) medication for osteoarthritis, at the lowest doses, and the shortest period possible. The use here appears chronic, with little information in regards to functional objective improvement out of the use of the prescription Naproxen. Further, the guides cite that there is no reason to recommend one drug in this class over another based on efficacy. It is not clear why a prescription variety of NSAID would be necessary, therefore, when over the counter NSAIDs would be sufficient. In summary, the MTUS cites there is no evidence of long-term effectiveness for pain or function. This claimant though has been on some form of a prescription non-steroidal anti-inflammatory medicine for some time, with no documented objective benefit or functional improvement. The MTUS guideline of the shortest possible period of use is clearly not met. Without evidence of objective, functional benefit, such as improved work ability, improved activities of daily living, or other medicine reduction, the MTUS does not support the use of this medicine. It is not medically necessary.

**Lidoderm patch 5% #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidocerm (lidocaine patch) Page(s): 1-127, 56-57.

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

**Decision rationale:** Lidoderm is the brand name for a lidocaine patch produced by Endo Pharmaceuticals. 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 AED such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. It is not clear the patient had forms of neuralgia, and that other agents had been first used and exhausted. The MTUS notes that further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. The request was appropriately non-certified under MTUS.

**Norco 7.5/325 mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 1-127, 74-95, 80-81, 91-94.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 88.

**Decision rationale:** In regards to Opiates, Long term use, the MTUS poses several analytical questions such as has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. There especially is no documentation of functional improvement with the regimen. The request for long-term opiate usage is not certified per MTUS guideline review.

**Compression sock for the left ankle: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot (Acute & Chronic); Elastic bandage (immobilization), compression sock.

**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, under Compression.

**Decision rationale:** The MTUS is silent on compression stockings. The ODG mentions they are recommended as indicated below. RICE (rest, ice, compression, elevation) is appropriate for first 24 hours for sprain/fracture. (Colorado, 2001) The use of ice and compression, in combination with rest and elevation, is an important aspect of treatment in the acute phase of lateral ankle injury. (Kerkhoffs, 2012). I did not see however that this was an acute injury; or if there was evidence of swelling or deep venous thrombosis risk per the records. The request is appropriately non-certified based on the records provided, and the guides.