

Case Number:	CM14-0010710		
Date Assigned:	02/21/2014	Date of Injury:	07/20/2011
Decision Date:	03/23/2015	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	01/27/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 medical records from 2013 through 2014 were reviewed, which showed that the patient complained of ankle pain. He also experienced aches in the back of both calves and in the bottom of his feet. He also had numbness in the heels and pins and needles in the back of his ankles. He also reported tingling in the bottom of both feet with some aching behind the knees, pins and needles sensation around the outside of the right leg, and stabbing sensations along the outside of the right ankle. On physical examination, there was atrophy of the extensor digitorum brevis on the right. There was tenderness noted on the lateral incision site. No vasomotor changes and no swelling were reported. X-rays of the right ankle dated January 15, 2014 revealed internal removal of fixation hardware with healed distal right fibular shaft fracture, no acute osseous injury seen, and no significant degenerative changes of the ankle mortise were noted. Treatment to date has included open reduction internal fixation of comminuted fracture of the right fibula and medial malleolus, removal of hardware of the right ankle, popliteal nerve block, physical therapy, and medications including Lidoderm 5% patch applied q12 hours to foot (since at least October 2013). A utilization review from January 22, 2014 denied the request for Lidoderm 5% patch QTY: 180.00 because adequate evidence of failed oral neuropathic agents was not given in accord with MTUS guidelines; and bone scan of right ankle QTY: 1.00 because the rationale and medical necessity for the bone scan was not clearly stated with orthopedic/podiatry support.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDODERM 5% PATCH: 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 Chronic Pain Medical Treatment Guidelines 9792.24.2, Lidoderm (Lidocaine Patch), Page(s): 56-5.

Decision rationale: According to pages 56-57 of the CA MTUS Chronic Pain Medical Treatment Guidelines, topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy. However, further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. In this case, there was evidence of therapy with Cymbalta, which is a first-line therapy agent for localized peripheral pain. Furthermore, the medical records stated that Lidoderm patches were helpful. However, the present written request failed to specify the number of Lidoderm patches to be dispensed as well as the frequency and duration of use. Although Lidoderm patches may be appropriate, the present written request is incomplete. Therefore, the request for LIDODERM 5% PATCH is not medically necessary.

BONE SCAN OF RIGHT ANKLE: Overturned

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, Bone Scan (Imaging)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle, Bone Scan (Imaging)

Decision rationale: The CA MTUS does not specifically address bone scan of the ankle. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that bone scans may be utilized to rule out: (1) tumor; (2) stress fractures in chronic cases; (3) infection; and (4) complex regional pain syndrome/CRPS-I, if plain films are not diagnostic. In this case, bone scan was requested because of consideration of CRPS/neuritis. Furthermore, the records showed that x-rays of the ankle dated January 15, 2014 were not diagnostic. Therefore, the request for bone scan of right ankle is medically necessary.