

Case Number:	CM15-0007789		
Date Assigned:	01/26/2015	Date of Injury:	04/03/1997
Decision Date:	03/19/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/14/2015

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: Texas, Ohio, 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic pain syndrome and chronic low back reportedly associated with an industrial injury of April 3, 1997. In a Utilization Review Report dated December 18, 2014, the claims administrator failed to approve request for orthotics, a shoe, and Lidoderm patches. The claims administrator referenced a progress note of November 17, 2014 in its determination. The applicant's attorney subsequently appealed. On January 15, 2015, the applicant reported ongoing complaints of low back pain. The applicant was status post left knee total knee arthroplasty. An epidural steroid injection was endorsed. It was suggested that the applicant's total knee arthroplasty had failed and that revision surgery was indicated. The applicant was asked to continue Neurontin. The applicant was not working, it was acknowledged. The applicant did have comorbid hypertension and diabetes, it was further noted. In a November 19, 2014 progress note, an epidural steroid injection, TENS unit, and urine toxicology testing were endorsed owing to ongoing complaints of low back pain and bilateral knee pain. The applicant was apparently under the concurrent care of a podiatrist. The applicant had issues with paresthesias about the feet. The applicant had apparently been provided orthotics. The applicant was using a cane to move about. In a progress note dated December 10, 2014, the applicant consulted a podiatrist. The applicant was 71 years old, it was stated. The applicant exhibited a limb length discrepancy with the left leg shorter than the right by approximately 2 cm. New custom orthotics were apparently prescribed and dispensed. The attending provider suggested that the applicant employ a wider pair of shoes in light of the fact that the applicant's shoes were not big enough or

wide enough to accommodate the orthotics. In said December 10, 2014 progress note, the applicant was described as using a variety of medications, including azithromycin, famotidine, Singulair, Lyrica, potassium, Diovan, felodipine, Neurontin, QVAR, and Celebrex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Replacement of orthotics and shoe: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370-372. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle & Foot (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: ACOEM Practice Guidelines, Third Edition, Low Back Chapter, Devices

Decision rationale: Yes, the replacement of orthotics and provision of a shoe was medically necessary, medically appropriate, and indicated here. The MTUS does not address the topic of orthotics for an individual with primary low back pain complaint. As noted in the Third Edition ACOEM Guidelines Low Back Chapter, shoe lifts and/or insoles are recommended for treatment of chronic low back pain in applicants who have a significant leg length discrepancy of more than 2 cm. Here, the requesting provider did state on December 10, 2014 that the applicant did, in fact, have a significant limb length discrepancy with the left leg shorter than the right by approximately 2 cm. Provision of orthotics and, by implication, provision and/or replacement of a shoe wide enough to accommodate said orthotics was, thus, indicated here. Therefore, the request was medically necessary.

Lidoderm 5% patches #90: Upheld

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

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

Decision rationale: Conversely, the request for Lidoderm patches was not medically necessary, medically appropriate, or indicated here. While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical Lidoderm is indicated in the treatment of localized peripheral pain/neuropathic pain in applicants in whom there has been a trial of first-line therapy with antidepressants and/or anticonvulsants, in this case, however, the applicant's ongoing usage of Neurontin and Lyrica, anticonvulsant adjuvant medications, effectively obviated the need for the Lidoderm patches at issue. Therefore, the request was not medically necessary.

