

Case Number:	CM15-0105066		
Date Assigned:	06/09/2015	Date of Injury:	10/05/2008
Decision Date:	07/14/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/01/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 injured worker is a 62 year old male who sustained an industrial injury on 10/05/2008. Mechanism of injury was not documented. Diagnoses include plantar fascial fibromatosis. Treatment to date has included diagnostic studies, medications, and surgery. A physician progress note dated 05/11/2015 documents the injured worker has chronic symptomatology associated with his plantar fascia as well as with his mid-tarsal and subtalar joints. He has ongoing problems associated with a peroneal spasm, and has chronic sesamoid issue due to the plantar flexed position of his first ray which has been caused by the peroneus longus spasm. He uses crutches. He is better non-weight bearing than with weight bearing. He has a very difficult time with driving and that the position of his foot while driving has become a source of aggravation. It is noted that the sesamoid issue has now improved by approximately 50% and he notes that he can place more weight on the ball of his foot. On examination there is the presence of a peroneal spastic flat foot. The foot is markedly everted and abducted. Pulses are palpable, and there appears to be normal color, temperature and turgor. Treatment requested is for Automobile Drive and Hand Control, and Lidoderm Patches x 1 Box.

IMR ISSUES, DECISIONS AND RATIONALES

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

Automobile Drive and Hand Control: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head- Driver Assessment and Training.

Decision rationale: Automobile Drive and Hand Control are not medically necessary per the ODG Guidelines. The MTUS does not address this issue. The ODG states that for driver assessment & training an occupational therapy driver assessment and treatment, for drivers with disabilities, including brain injury is recommended. An occupational therapist certified as a Driver Rehab Specialist (CDRS) has advanced training and specialized skills in the area of driving. The documentation indicates that the patient can bear weight on his foot. Prior to obtaining specialized equipment which is not considered a medical necessity it would be helpful for the patient and provider to ascertain the patient's ability to drive without adaptive equipment. The request for automobile drive and hand control is not medically necessary.

Lidoderm Patches x 1 Box: Upheld

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

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

Decision rationale: The request for Lidoderm patches x 1 box is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines The guidelines state 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 AED such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. The documentation does not indicate failure of first line therapy for peripheral pain. The documentation does not indicate a diagnosis of post herpetic neuralgia. For these reasons the request for Lidoderm Patches is not medically necessary.