MAXIMUS Federal Services

Case Number:	CM15-0147857		
Date Assigned:	08/17/2015	Date of Injury:	09/24/2014
Decision Date:	09/14/2015	UR Denial Date:	07/28/2015
Priority:	Standard	Application Received:	07/29/2015

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, Florida, 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 injured worker was a 56 year old female, who sustained an industrial injury, September 24, 2014. The injured worker previously received the following treatments physical therapy, Voltaren Gel, Lidocaine Gel, home exercise program and Ultracet. The injured worker was diagnosed with left foot chronic pain, left foot contusion and weakness. According to progress note of July 13, 2015, the injured worker's chief complaint was left foot and ankle pain. The injured worker rated the pain at 4 out of 10 with numbness and weirdness in the third toe with mediations. The pain was 8 out of 10 without pain medications. The Lidocaine gel and physical therapy were providing effective improvement in pain, functional and range of motion. The physical exam noted limited range of motion to the dorsi flexion of 10 degrees, planter flexion of 40 degrees, inversion of 12 degrees and eversion of 10 degrees. The left foot and ankle were tender to touch. There was limited strength due to pain was unable to raise heel in a standing position. The treatment plan included prescriptions for Ultracet with Acetaminophen and LidoHydrochloride.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Ultracet 34.5/325mg (Tramadol) #180 DOS: 7/1/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93, 94 and 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain interventions and treatments, (Effective July 18, 2009) Page(s): 12, 13, 83 and 113.

Decision rationale: This claimant was injured in 2014 with left foot chronic pain, left foot contusion and weakness. The pain was still present in July. The left foot and ankle were tender to touch. There was limited strength due to pain was unable to raise heel in a standing position. Per the MTUS, Tramadol is an opiate analogue medication, not recommended as a first-line therapy. The MTUS based on Cochrane studies found very small pain improvements, and adverse events caused participants to discontinue the medicine. Most important, there are no long term studies to allow it to be recommended for use past six months. A long term use of it is therefore not supported. The request is not certified. Therefore, the requested treatment is not medically necessary.

Retro LidoHydrochloride HCL 3%, DOS: 7/1/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56, 112 and 113.

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

Decision rationale: As previously noted, this claimant was injured in 2014 with left foot chronic pain, left foot contusion and weakness. The pain was still present in July. The left foot and ankle were tender to touch. There was limited strength due to pain was unable to raise heel in a standing position. LidoPro is a combination of Capsaicin 0.0325%, Lidocaine 4.5%, Menthol 10%, and the primary component is the topical analgesic, Methyl Salicylate 27.5%. The MTUS notes topical analgesic compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Experimental treatments should not be used for claimant medical care. MTUS notes they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed, but in this case, it is not clear what primary medicines had been tried and failed. The request is appropriately non-certified. Therefore, the requested treatment is not medically necessary.