

Case Number:	CM15-0162274		
Date Assigned:	08/28/2015	Date of Injury:	10/02/2014
Decision Date:	10/09/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	08/18/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 51-year-old male, with a reported date of injury of 10-02-2014. The mechanism of injury was not indicated in the medical records provided for review. The injured worker's symptoms at the time of the injury were not indicated. The diagnoses include nonunion of the first metatarsal of the left foot with bone callus formation, neuritis of the medial dorsal cutaneous nerve, and painful gait. Treatments and evaluation to date were not indicated in the medical records. The diagnostic studies to date have included an MRI of the left toes on 04-07-2015 which showed bone marrow swelling, trace joint fluid surrounding the tarsal bones, and mild tenosynovitis of the flexor hallucis longus tendon and peroneal longus brevis tendons. The progress report dated 06-30-2015 indicates that the injured worker presented for radiographic evaluation and a change in work status. The physical examination showed exostosis of the proximal portion of the first metatarsal secondary to fracture due to bone callus formation that persists; pain in the region; anterior tibial pulses and posterior tibial pulses are 2+ out of 4 and palpable bilaterally; hypersensitivity and compression pain regarding the dorsal aspect of the foot along the medial dorsal cutaneous nerve; symptomatic pain; a normal gait; intact sensation; normal muscle strength, full weight-bearing; and a nearly 100% healed fracture; bone callus formation. It was noted that the injured worker could return to full duty as of 07-06-2015, regarding the foot only. The injured worker was off work and being treated for his shoulder. The medical report from which the request originates was not included in the medical records provided for review. The treating physician requested 1st relief topical analgesic (lidocaine 4% and menthol 1%) 354 grams for 29 days, with no refills (date of service: 07-02-2015).

IMR ISSUES, DECISIONS AND RATIONALES

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

1st relief topical analgesic (lidocaine 4% and menthol 1%) 354 grams for 29 days, with no refills (date of service: 07-02-2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The patient presents with pain in the left foot. The request is for 1st relief topical analgesic (lidocaine 4% and menthol 1%) 354 grams for 20 days, with no refill (date of service: 07-02-2015). Physical examination to the left foot on 06/30/15 revealed tenderness to palpation on the dorsal aspect of the foot along the medial dorsal cutaneous nerve. Per 07/02/15 progress report, patient's diagnosis include nonunion of the first metacarpal of the left foot with bone callus formation, neuritis of the medial dorsal cutaneous nerve, and painful gait. Patient's work status is modified duties. MTUS Guidelines, page 111, Topical Analgesic section has the following: "Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. MTUS further states, "Non FDA-approved agents: Ketoprofen: This agent is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis. Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Gabapentin: Not recommended. Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." The provider has not discussed this request and no RFA was provided either. Review of the medical records provided do not indicate a prior use and it appears that the provider is initiating this medication. MTUS page 111 states that if one of the compounded topical product is not recommended, then the entire product is not. In this case, the requested topical compound contains Lidocaine, which is not supported for topical use in cream, gel or lotion form, per MTUS. This request is not in accordance with guideline indications. Therefore, the request is not medically necessary.