

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0167895 | | |
| Date Assigned: | 09/08/2015 | Date of Injury: | 07/23/2012 |
| Decision Date: | 10/13/2015 | UR Denial Date: | 07/29/2015 |
| Priority: | Standard | Application Received: | 08/26/2015 |

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, Hawaii
 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:

This is a 39 year old female who reported an industrial injury on 7-23-2012. Her diagnoses, and or impressions, were noted to include: status-post twisting injury right foot and ankle; post-traumatic arthrofibrosis with impingement and osteochondral lesions, right talar dome post-surgical repair; chronic arthralgia right ankle; right ankle instability; and anxiety and depression. Her treatments were noted to include: surgery; medication management; and rest from work. The progress notes of 7-7-2015 reported a return visit for decreased right ankle pain following arthroscopic surgery, now mild, but increased to moderate with activity; and significant discomfort from the straps on her hinged brace. Objective findings were noted to include: the display of anxiety and depressive behavior due to pain and situation; no use of medications for pain due to severe gastrointestinal upset; moderate tenderness to the surgical site, superficial peroneal nerve, consistent with entrapment; positive Tinel's which radiated to the first web- space; anterior instability of the foot with pain when performing anterior drawers maneuver; and decreased deep tendon reflexes in the patella and Achilles. The physician's requests for treatments were noted to include LidoPro analgesic cream for pain control, and cognitive behavioral sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

LidoPro 242mg 2 bottles for pain control: 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 affecting the right ankle. The current request is for LidoPro 242mg 2 bottles for pain control. The treating physician report dated 7/7/15 (28B) states, "Please authorize two bottles of Lidopro analgesic cream 242mg for pain control, consistent with ODG/TWC." The MTUS guidelines states the following regarding 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." In this case, the MTUS guidelines do not recommend the use of Lidoderm in a cream formulation, as outlined on page 112. The current request is not medically necessary.

Cognitive behavioral visits #10: 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): Behavioral interventions.

Decision rationale: The patient presents with pain affecting the right ankle. The current request is for Cognitive behavioral visits #10. The treating physician report dated 7/7/15 (28B) states, "She continues to display quite a bit of anxiety and depressive behavior due to her pain and situation." According to the MTUS cognitive behavioral therapy is recommended. "The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence." MTUS goes on to state, "Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone: Initial trial of 3-4 psychotherapy visits over 2 weeks, With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions)." The medical reports provided do not show that the patient has received cognitive behavioral therapy previously. In this case, the current request for 10 visits exceeds the 3-4 initial visits recommended by the MTUS guidelines on page 23. Furthermore, documentation of functional improvement must be provided before additional visits beyond 3-4 can be deemed medically necessary. The current request is not medically necessary.