

Case Number:	CM15-0190504		
Date Assigned:	10/02/2015	Date of Injury:	02/23/2007
Decision Date:	11/13/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	09/28/2015

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, California
 Certification(s)/Specialty: Family Practice

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 57 year old male with an industrial injury date of 02-23-2007. Medical records indicate he is being treated for status post severe right ankle fracture, severe post traumatic arthritis, right ankle, status post extensive arthroscopic debridement, arthrotomy with resection of large tibial plafond spur and micro fracture of osteochondral defect of talus. Subjective complaints (07-14-2015) included pain to right foot and ankle rated at 4-5 out of 10 at rest and 8 out of 10 with repetitive weight bearing activities."He is suffering with severe post-traumatic arthritis to his right ankle secondary to a pilon fracture of the right tibia, which left him with severe destruction of his ankle joint."Work status (07-14-2015) is documented as "permanent and stationary." His medication included Vicodin. Prior treatment included topical analgesic cream and brace. Physical examination (07-14-2015) findings included a "severe antalgic gait." "His stride continues to be short on the right side." Other findings included decreased plantar flexion and right calf atrophy. The treating physician documented the injured worker was having difficulty with Vicodin due to his very small stomach after resection for gastric carcinoma. On 09-21-2015 utilization review non-certified the request for Lidopro 2 Bottles =242 Grams Prescribed 7-14-15.The patient was unable to take NSAID and had difficulty with Vicodin. The patient had used a foot arthrosis for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro 2 Bottles =242 Grams Prescribed 7-14-15: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation ODG, Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch).

Decision rationale: Request: Lidopro 2 Bottles =242 Grams Prescribed 7-14-15. Lidopro ointment contains capsaicin, lidocaine, menthol, and methyl salicylate. According to the MTUS Chronic Pain Guidelines, regarding topical analgesics state that the use of topical analgesics is "Recommended as an option." The patient has had history of severe right ankle fracture, severe posttraumatic arthritis, right ankle, status post extensive arthroscopic debridement, arthrotomy with resection of large tibial plafond spur and micro fracture of osteochondral defect of talus. Subjective complaints (07-14-2015) included pain to right foot and ankle rated at 4-5 out of 10 at rest and 8 out of 10 with repetitive weight bearing activities. "He is suffering with severe post-traumatic arthritis to his right ankle secondary to a pilon fracture of the right tibia, which left him with severe destruction of his ankle joint." Physical examination (07-14-2015) findings included a "severe antalgic gait." "His stride continues to be short on the right side." Other findings included decreased plantar flexion and right calf atrophy. The treating physician documented the injured worker was having difficulty with Vicodin due to his very small stomach after resection for gastric carcinoma. The patient was unable to take NSAIDs and had difficulty with Vicodin. The patient had chronic pain with significant abnormal objective findings and there is evidence of diminished effectiveness and intolerance to oral medication due to gastric surgery. The request for Lidopro 2 Bottles =242 Grams Prescribed 7-14-15 is medically necessary and appropriate for this patient at this time.