MAXIMUS Federal Services

Case Number:	CM15-0197801		
Date Assigned:	10/13/2015	Date of Injury:	08/05/2010
Decision Date:	12/01/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	10/08/2015

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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 47 year old female, who sustained an industrial injury on 08-05-2010. A review of the medical records indicates that the worker is undergoing treatment for right foot fracture, status post surgery time four. Subjective complaints (03-17-2015, 04-14-2015 and 07-07-2015) included persistent right foot pain. The worker's daily activities were noted to be limited secondary to pain. The physician noted that Lidoderm patches and Voltaren were providing relief but the degree and duration of pain relief was not documented. Objective findings (03-17-2015, 04-14-2015 and 07-07-2015) included an antalgic gait, lumbar spinal and sacroiliac joint tenderness, decreased range of motion of the lumbar spine and markedly reduced range of motion of the right foot and ankle. Treatment has included Percocet, Voltaren gel (since at least 12-2014), Lidoderm patches (since at least 12-2014), physical therapy and a home exercise program. There was no documentation of objective functional improvement with use of Lidoderm patches and Voltaren gel. There was no documentation of intolerance to oral pain medication. A utilization review dated 09-11-2015 non-certified requests for Voltaren gel 1% #3 tubes prescribed 7-7-2015 with one refill and Lidoderm patches 5% #90 prescribed 7-7-2015 with one refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 1% #3 tubes, 1 refill: Overturned

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

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

Decision rationale: The claimant sustained a work injury in August 2010 when she tripped and twisted her right ankle and foot and sustained a calcaneal fracture. She underwent ORIF with a delayed union and had three additional surgeries including hardware removal and a subtalar arthrodesis. She has osteoporosis. When seen, she was having constant right foot pain, which was limiting her activities. Lidoderm and Voltaren gel were providing pain relief. Percocet was helping her to sleep. Physical examination findings included a body mass index over 31. There was markedly decreased right foot range of motion. There was increased sensitivity at the right heel. Medications were continued. Home exercises were continued. Topical non-steroidal anti-inflammatory medication can be recommended for patients with chronic pain where the target tissue is located superficially in patients who either do not tolerate, or have relative contraindications, for oral non-steroidal anti-inflammatory medications. In this case, the claimant has intolerance of oral medications and has localized right foot and ankle pain that appears amenable to topical treatment. Generic medication is available. This request for Voltaren gel is considered medically necessary.

Lidoderm patches 5% #90, 1 refill: Upheld

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

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

Decision rationale: The claimant sustained a work injury in August 2010 when she tripped and twisted her right ankle and foot and sustained a calcaneal fracture. She underwent ORIF with a delayed union and had three additional surgeries including hardware removal and a subtalar arthrodesis. She has osteoporosis. When seen, she was having constant right foot pain, which was limiting her activities. Lidoderm and Voltaren gel were providing pain relief. Percocet was helping her to sleep. Physical examination findings included a body mass index over 31. There was markedly decreased right foot range of motion. There was increased sensitivity at the right heel. Medications were continued. Home exercises were continued. Topical lidocaine in a formulation that does not involve a dermal-patch system can be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy. Lidoderm 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. In this case, other topical treatments could be considered. Lidoderm is not considered medically necessary.