

Case Number:	CM13-0002888		
Date Assigned:	12/27/2013	Date of Injury:	11/10/2011
Decision Date:	03/26/2014	UR Denial Date:	07/09/2013
Priority:	Standard	Application Received:	07/24/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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 physician 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/services.

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 applicant is a represented [REDACTED] employee who has filed a claim for bilateral foot pain reportedly associated with an industrial injury of November 10, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; a CAM walker; transfer of care to and from various providers in various specialties; negative x-rays of the feet; orthotics; prior left ankle and foot surgery in November 2012; and reported return to part-time modified work elsewhere. In a utilization review report of July 8, 2013, the claims administrator denied a request for Voltaren, Prilosec, Lidoderm, and tramadol extended release. No clear rationale for the denial was proffered. The applicant's attorney subsequently appealed. In a subsequent report dated November 11, 2013, the attending provider writes that the applicant has already been declared permanent and stationary with a 1% whole person impairment rating. An early progress note of October 21, 2013 is notable for comments that the applicant has residual pain about the left foot. The applicant states that early surgical intervention has been successful. A surgical scar is noted about the medial malleolus. The applicant does walk with a limp. She is not using a cane. Motrin, tramadol, orthotics, Lidoderm patches, and a 7% whole-person impairment rating are issued. The applicant is now working four hours shifts at her new employer, [REDACTED]. She states that her symptoms have been rendered more tolerable as a result of usage of Naprosyn and tramadol

IMR ISSUES, DECISIONS AND RATIONALES

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

Votaren XR 100mg#30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

Decision rationale: As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, anti-inflammatory medications such as Voltaren extended release are the traditional first line of treatment for various chronic pain conditions, including the chronic foot and ankle pain present here. In this case, the applicant has demonstrated appropriate functional improvement through prior usage of Voltaren as evinced by her successful return to work at an alternate employer, [REDACTED], and her heightened ability to ambulate. Continued usage of Voltaren is indicated and appropriate in this context. Therefore, the original utilization review decision is overturned. The request is certified.

Prilosec 20mg#30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 69.

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does support usage of proton-pump inhibitors such as Prilosec in the treatment of NSAID-induced dyspepsia, in this case, however, there is no clear evidence or description of any active symptoms of reflux, dyspepsia, and/or heartburn for which ongoing usage of Prilosec would be indicated. Accordingly, the request remains not certified, on independent medical review.

Lidoderm Patches#30: Upheld

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

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

Decision rationale: As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, lidocaine patches are recommended for localized peripheral pain or neuropathic pain after there has been evidence of a trial of first-line therapy such as antidepressants and/or anticonvulsants. In this case, however, there is no indication that antidepressants and/or anticonvulsants were tried and/or failed before Lidoderm patches were employed. Accordingly, the request remains non-certified, on independent medical review.

Ultram ER 150mg#30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy are evidence of successful return to work, improved functioning, and/or reduced pain effected as a result of ongoing opioid usage. In this case, the applicant seemingly meets all three criteria. Specifically, she has returned to work. She does report reduction in pain scores and improved function as a result of ongoing tramadol usage. Continuing the same, on balance, is indicated and appropriate. Therefore, the request is certified as written.