

Case Number:	CM14-0119253		
Date Assigned:	08/06/2014	Date of Injury:	04/17/2006
Decision Date:	10/06/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/28/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 56 year old patient had a date of injury on 4/17/2014. The mechanism of injury was not noted. In a progress noted dated 6/19/2014, subjective findings included primary pain along bilateral feet right more than left side. It helps to walk. On a physical exam dated 6/19/2014, objective findings included pain with palpation, increased sensitivity along bilateral gastrocs, peroneals. There's less pain and inflammation along the plantar fascia. Diagnostic impression shows ankle and foot tenosynovitis. Treatment to date: medication therapy, behavioral modification, physical therapy, HEP, TENS unit. A UR decision dated 7/3/2014 denied the request for tramadol 100mg, stating no documentation of moderate-severe pain, and no urine drug screens, pain contract, or risk assessment profile. Topiramate #1 was denied, stating no documentation of previous 1st line therapy drugs for neuropathic pain. Lidopro ointment #120 was denied, stating no failed trials of antidepressants or anticonvulsants. TENS patch pair x2 pairs was denied, stating that no submission of any TENS diary which outlines frequency, duration, and response to use of this DME.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 100 mg Qty: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113.

Decision rationale: CA MTUS states that Tramadol (Ultram) is not recommended as a first-line oral analgesic. This medication has action on opiate receptors, thus criterion for opiate use per MTUS must be followed. In a progress note dated 6/19/2014, there was no subjective or objective documentation of severe pain that would justify the use of this opioid. Furthermore, there was no evidence of pain contract or urine drug screens. Therefore, the request for tramadol 100mg is not medically necessary.

Topiramate Qty: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES-TWC DRUG FORMULARY

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that Topiramate is considered for use for neuropathic pain when other anticonvulsants fail. In the reports viewed, and in the progress report dated 6/19/2014, there was no discussion regarding failure of 1st line oral medications such as gabapentin or Lyrica. Furthermore, there was no documented functional improvement noted with this medication. Therefore, the request for Topiramate is not medically necessary.

LidoPro ointment 121 g: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113. Decision based on Non-MTUS Citation FDA:Lidopro

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, baclofen, Boswellia Serrata Resin, and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The FDA state Lidopro contains Lidocaine 4.5% and Capsaicin .0325%. In the reports viewed, there was no documentation of failure of a 1st line oral analgesic such as gabapentin or Lyrica. Furthermore, guidelines do not support topical lidocaine as well as Capsaicin greater than .025%. Therefore, the request for Lidopro ointment was not medically necessary.

TENS patch pair x2 pairs: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-116.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that TENS units are not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option. Criteria for the use of TENS unit include Chronic intractable pain - pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, and a treatment plan including the specific short- and long-term goals of treatment with the TENS unit. CA MTUS Chronic Pain Medical Treatment Guidelines state that a one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function and that other ongoing pain treatment should also be documented during the trial period including medication. In the reports viewed, and in the progress report dated 6/19/2014, there was no documentation regarding how often the unit was used as well as the functional benefit achieved during the initial trial period. Therefore, the request for TENS patch pair x2 pairs is not medically necessary.