

Case Number:	CM14-0133067		
Date Assigned:	08/25/2014	Date of Injury:	04/17/2012
Decision Date:	10/27/2014	UR Denial Date:	08/09/2014
Priority:	Standard	Application Received:	08/20/2014

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 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 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:

The applicant is a represented [REDACTED] employee who has filed a claim for bilateral plantar fasciitis, chronic low back pain, and chronic ankle pain reportedly associated with an industrial injury of April 17, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; topical agents; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated August 9, 2014, the claims administrator denied a request for topical compounded LidoPro ointment dispensed on several occasions, including October 30, 2013, February 5, 2014, March 5, 2014, and April 2, 2014. The applicant's attorney subsequently appealed. In an October 2, 2013 progress note, the applicant was given a rather proscriptive 10-pound lifting limitation. Persistent complaints of low back, ankle, and knee pain were noted, 8-9/10. It did not appear that the applicant was working. An orthopedic consultation, tramadol, topiramate, and other medications were endorsed. In a narrative report dated October 3, 2013, the applicant was described as reporting 7-10/10 pain. The applicant had apparently transferred care at the request of his attorney. The applicant was using tramadol, topiramate, cyclobenzaprine, and ketoprofen, it was noted at that point in time. A rather proscriptive 10-pound lifting limitation was again endorsed. On March 2, 2014, the applicant was described as having persistent complaints of 10/10 pain, reportedly severe. The applicant reportedly refused to walk without usage of crutches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Mentherm Ointment dispensed on 10/30/13, 02/05/14, 03/05/14 and 04/02/14 for treatment of bilateral plantar fasciitis, ankle sprain and lumbar spine strain: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Salicylate; Topical Analgesics Page(s): 105.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics topic Page(s): 111, 7. Decision based on Non-MTUS Citation MTUS 9792.20f

Decision rationale: While page 105 of the MTUS Chronic Pain Medical Treatment Guidelines does support usage of topical salicylates such as Mentherm in the treatment of chronic pain, this recommendation is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, however, the applicant continues to report severe pain, 10/10, despite ongoing usage of Mentherm. The applicant has seemingly failed to return to work. The applicant is still having difficulty performing activities of daily living as basic as ambulating and apparently requires crutches to move about. Ongoing usage of Mentherm has failed to curtail the applicant's dependence on oral pharmaceuticals, such as topiramate, cyclobenzaprine, tramadol, ketoprofen, etc. All of the above, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Mentherm. Therefore, the request for Mentherm was not medically necessary.

Retrospective request for Lidopro Ointment dispensed on 10/30/13, 02/05/14, 03/05/14 and 04/02/14 for treatment of bilateral plantar fasciitis, ankle sprain and lumbar spine strain: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm; Topical Salicylate; Topical Analgesics Page(s): 56, 105.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics topic Page(s): 111, 7. Decision based on Non-MTUS Citation MTUS 9792.20f

Decision rationale: As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics such as LidoPro are deemed "largely experimental." In this case, it appears that the applicant has already received the LidoPro topical compounded agent in question on several occasions, despite the unfavorable MTUS position on the same. As with the request for Mentherm, the applicant has failed to demonstrate any evidence of functional improvement through ongoing usage of LidoPro. The applicant remains off of work with a rather proscriptive 10-pound lifting limitation in place. The applicant is still using crutches to move about. Ongoing usage of LidoPro has failed to curtail the applicant's dependence on opioid agents such as tramadol. All of the above, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of the LidoPro ointment in question. Therefore, the request is not medically necessary.

