

<b>Case Number:</b>	CM14-0139167		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	09/25/2011
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	08/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2014

### 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 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:

This patient is a 27 y/o male who has developed chronic lower extremity pain subsequent to a near complete Achilles tear. He has had surgery X's 2 for his condition. The residual pain is described as largely having an neuropathic component with burning and radiation. Weight bearing and motion are painful. He is described to have gastric upset with NSAID's, but they are described to be beneficial for his painful condition. The topical NSAID is noted to be beneficial on a daily basis, the oral NSIAD is stated to be utilized on an occasional basis, but has been prescribed on a twice daily basis for many months. In May '14 Tramadol was introduced, but despite increased dosing no changes in pain complaints or function is documented. The Tramadol was not appealed as part of an appeal by the treating physician. Several oral medications have been trialed without success for the neuropathic pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 PRESCRIPTION FOR LIDODERM 5% PATCH (700MG) #30: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** MTUS Guidelines supports the use of Lidoderm patches if there is a neuropathic pain component and other medications have failed. His medication combination is reported to provide 40-50% relief. Under these circumstances the Lidoderm 5% patches #30 is medically necessary.

**1 PRESCRIPTION FOR VOLTAREN GEL 1% #1 WITH 3 REFILLS:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112..

**Decision rationale:** MTUS Guidelines supports the use of topical Voltaren gel for inflammatory conditions. The patients primary pain is neuropathic, but with the history of debridement for bony overgrowth a inflammatory component is also present. The treating physician documents that this has been 1 of the more beneficial medications. Continued use is consistent with Guidelines and the Voltaren Gel 1% is medically necessary.

**1 PRESCRIPTION FOR LODINE 300MG #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NASID's, Topical Analgesics Page(s): 67, 112.

**Decision rationale:** MTUS Guidelines supports the use of NSAID'S when there are inflammatory conditions, however Guidelines point out the topical NSAID's can result in high systemic levels and the manufacturer does not recommend both topical and oral NSAID's. Even though the provider documents it is utilized as needed, it has been prescribed and recommended twice a day. Guidelines do not recommend the use of oral NSAID's under these circumstances. The Lodine 300mg #60 is not medically necessary.

**1 PRESCRIPTION FOR PRILOSEC DR 20MG #30:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's and GI risk Page(s): 68.

**Decision rationale:** MTUS Guidelines supports the use of Proton Pump Inhibitors when NSAID's are causing GI upset. The topical Voltaren can cause this. The Prilosec PR 20mg. #30 is medically necessary.

**1 PRESCRIPTION FOR TRAMADOL 50MG #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids when to discontinue Page(s): 79.

**Decision rationale:** MTUS Guidelines do not recommend continuing Opioids when there is no improvement in pain or function. It is clearly documented the introduction of Tramadol was not beneficial for either pain or function. The Tramadol 50mg. #90 is not medically necessary.