

<b>Case Number:</b>	CM14-0149082		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	02/03/2001
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	08/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2014

### 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 Physical medicine and Rehabilitation, has a subspecialty in Pain Medicine and Spinal Cord Medicine, and is licensed to practice in Massachusetts. 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 claimant sustained a work injury on February 3, 2011 when, while moving an electric pallet jack and walking backwards he was struck from behind and sustained a crush injury to the right foot. He continues to be treated for a diagnosis of the right foot contusion with tarsometatarsal arthrosis. He was seen by the requesting provider on December 12, 2013. Medications were Lyrica, omeprazole, Docusate, nabumetone, Cymbalta, Flector, lidocaine, Pennsaid, Levetiracetam, Keppra, Ambien, and GKL cream. There had been an increase in pain after running out of Lyrica. There had been a 50% improvement when using TENS (transcutaneous electrical nerve stimulation). Topical lidocaine had been beneficial. Topical nitroglycerin for vasodilation for the treatment of CRPS had been denied. Physical examination findings included ambulating with a cane was a slow gait. He had right sided sacroiliac joint, piriformis muscle, and greater trochanteric bursa tenderness. He was wearing a left ankle brace. He had pain with range of motion of the foot and metatarsals. There was tenderness and pain with compression. There was mild cyanosis. He had decreased lower extremity strength. On June 5, 2014 he was continuing to walk slowly. And was performing exercises and was soaking his foot in hot water in order to warm it. He was having worsening problems with sleep. On July 25, 2014 he had increased back pain attributed to trying to avoid right lower extremity weight bearing. He had started physical therapy treatments. He was continuing to use a TENS unit. He had ongoing coolness and discoloration of the right foot with weight-bearing or when in a dependent position. On July 24, 2014 medications were Lyrica with a 50% improvement, duloxetine, omeprazole, and Docusate. Authorization for nifedipine had been denied. Verapamil 80 mg was prescribed "to reduce vascular changes associated with his complex regional pain syndrome." On August 21, 2014 there had been benefit from physical therapy including deep tissue massage. He was

taking less non-steroidal anti-inflammatory medications. He had stopped taking verapamil due to dizziness.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Verapamil 80 mg, thirty count:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [Http:www.drugs.com/verapamil.html](http://www.drugs.com/verapamil.html)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain, Suffering, And The Restoration of Function Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 6), page 243

**Decision rationale:** The claimant is more than four years status post work-related injury and continues to be treated for CRPS of the right foot. Guidelines recommend medications in the treatment of CRPS. Medications referenced are non-steroidal anti-inflammatory medications, corticosteroids, bisphosphonates, norepinephrine reuptake inhibitor antidepressants, tricyclic antidepressants, anticonvulsants, or calcitonin. Topical treatments referenced are dimethyl sulfoxide (DMSO) and eutectic mixture of local anesthetics (EMLA). In this case, the request for Verapamil 80 mg, thirty count, is not medically necessary or appropriate.

**Lidocaine liquid 4% 50cc:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRPS, medications Topical Analgesics Page(s): 37-38, 112. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6, p243

**Decision rationale:** The claimant is more than four years status post work-related injury and continues to be treated for CRPS of the right foot. Guidelines recommend medications in the treatment of CRPS. Medications referenced are non-steroidal anti-inflammatory medications, corticosteroids, bisphosphonates, norepinephrine reuptake inhibitor antidepressants, tricyclic antidepressants, anticonvulsants, or calcitonin. Topical treatments referenced are dimethyl sulfoxide (DMSO) and eutectic mixture of local anesthetics (EMLA) which is a mixture of lidocaine 2.5% and prilocaine 2.5%. Although not convincing, lidocaine patches are used for CRPS and topical lidocaine can be recommended for localized peripheral neuropathic pain. Therefore, the requested Lidocaine liquid 4%, 50 cc, is medically necessary and appropriate.