

Case Number:	CM14-0098716		
Date Assigned:	07/28/2014	Date of Injury:	11/12/2008
Decision Date:	10/09/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/26/2014

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 and is licensed to practice in Illinois. 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 injured worker is a 37-year-old female who reported an injury on 11/12/2008. The mechanism of injury was not provided. On 12/30/2013, the injured worker presented with complaints of severe left foot and ankle pain. Current medications included Baclofen, Methadone, Neurontin, Nucynta, Oxycodone, and Phentermine. Upon examination, the injured worker continued to have severe pain in the left foot that intermittently swelled. She had complaints of ongoing baseline left ankle and foot pain secondary to CRPS I/II. There was ongoing allodynia and difficulty with light sensation along the affected area. The diagnoses were severe left leg pain/foot/ankle pain due to CRPS, status post injury mechanism and surgical treatment consistent with current symptoms, lumbalgia, poor sleep hygiene due to neuropathic pain/anxiety, CRPS I/II symptoms, and pain in the joint in ankle and foot. The provider recommended Metanx, Zanaflex, Lidoderm patch, and neuropathic cream. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Metanx #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Medical Food

Decision rationale: The request for Metanx #60 is not medically necessary. The Official Disability Guidelines state medical food is recommended when it is formulated to be consumed or administered enterally under the supervision of a physician and intended for specific dietary management of a disease or condition for which distinctive nutritional requirements are required. The product must be a food for oral or tube feeding. There is a lack of documentation that the injured worker is recommended for a medical food for the management of a disease or condition for which nutritional requirements are required. The provider's rationale for recommending a medical food was not provided. Additionally, the quantity and frequency of the medication were not provided in the medical documents for review. As such, medical necessity has not been established.

Zanaflex 4mg #60: 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 Muscle Relaxants (For Pain) Page(s): 63-66.

Decision rationale: The request for Zanaflex 4 mg #60 is not medically necessary. The California MTUS Guidelines recommend nonsedating Muscle Relaxants with caution as a second line option for short-term treatment of acute exacerbations. They show no benefits beyond NSAIDs in pain and overall improvement and efficacy appears to diminish over time. Prolonged use of some medications in this class may lead to dependence. There is a lack of documentation on the efficacy of the prior use of the medication. Additionally, the provider's request does not indicate the frequency of the medication in the request as submitted. As such, medical necessity has not been established.

Lidoderm Patch #30: 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 Lidoderm Patch Page(s): 56.

Decision rationale: The request for Lidoderm patch #30 is not medically necessary. The California MTUS state that topical Lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of a first line therapy to include Tricyclic or SNRI Antidepressant or an AED such as Gabapentin or Lyrica. This is not a first line treatment and is only FDA approved for post herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post herpetic neuralgia. There is a

lack of documentation that the injured worker has a diagnosis congruent with the Guideline recommendations for Lidocaine patch. Additionally, the provider does not indicate the frequency of the medication or the site at which it is indicated for in the request as submitted. As such, medical necessity has not been established.

Neuropathic Cream #1: Upheld

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

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

Decision rationale: The request for Neuropathic Cream #1 is not medically necessary. The California MTUS Guidelines state that transdermal compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug that is not recommended is not recommended. There is a lack of documentation on what neuropathic cream the provider is recommending. There is a lack of documentation that the injured worker underwent a failed trial of an Antidepressant or Anticonvulsant. Additionally, the provider's request does not indicate the frequency or the site that the neuropathic cream is indicated for in the request as submitted. As such, medical necessity has not been established.