

Case Number:	CM15-0013248		
Date Assigned:	01/30/2015	Date of Injury:	07/04/2013
Decision Date:	03/18/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/22/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Hawaii, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 40 year old female who sustained a work related injury to her left ankle on July 4, 2103. There was no mechanism of injury documented. The injured worker was diagnosed with left ankle nerve lesion. The injured worker underwent neurolysis of the sural nerve on August 12, 2014. On November 4, 2014 the injured worker underwent a sural neurectomy and sural nerve transposition into the peroneal muscle belly, left leg. According to the treating physician's progress report on December 11, 2014 the injured worker was off crutches and without pain on the left side. Significant improvement was documented. On December 22, 2014 the evaluator noted an increase in pain level and swelling. Current medications were not listed. Treatment modalities consisted of Physical therapy 18 visits completed and the use of crutches. The injured worker is on temporary total disability (TTD) with full time modified duties. The treating physician requested authorization for Compound Topical Medication (Lidocaine, Ketoprofen, and Gabapentin); Physical Therapy 2 times a week for 4 weeks. On December 23, 2014 the Utilization Review denied certification for Compound Topical Medication (Lidocaine, Ketoprofen, and Gabapentin); Physical Therapy 2 times a week for 4 weeks. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), Chronic Pain Guidelines, Topical Analgesics and Post-Surgical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound Topical Medication (Lidocaine, Ketoprofen, Gabapentin): 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): 111-113. Decision based on Non-MTUS Citation Pain, Compound creams

Decision rationale: MTUS and ODG recommends usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Lidocaine (Recommended After Failure Of 1st Line) ODG also states that topical lidocaine is appropriate in usage as patch under certain criteria, but that "no other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain." MTUS states regarding lidocaine, "Neuropathic pain Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica)." MTUS indicates lidocaine "Non-neuropathic pain: Not recommended." The medical records do not indicate failure of first-line therapy for neuropathic pain and lidocaine is also not indicated for non-neuropathic pain. ODG states regarding lidocaine topical patch, "This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia." Medical documents do not document the patient as having post-herpetic neuralgia. Ketoprofen (Not Recommended) Per ODG and MTUS, Ketoprofen is "not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis and photosensitization reactions." Gabapentin/Pregabalin (Not Recommended) MTUS states that topical Gabapentin is "Not recommended." And further clarifies, "antiepilepsy drugs: There is no evidence for use of any other antiepilepsy drug as a topical product." The requested compound has multiple components that are not recommended. Per MTUS, if one component is not recommended, the whole compound is not recommended. As such, the request for Compound Topical Medication (Lidocaine, Ketoprofen, Gabapentin) is not medically necessary.

Physical Therapy 2 x 4: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, Physical Medicine Page(s): 10, 98-99, Postsurgical Treatment Guidelines.

Decision rationale: California MTUS guidelines refer to physical medicine guidelines for physical therapy and recommends as follows: "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine."

Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. Regarding physical therapy, ODG states "Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted." As noted in the medical records, the patient has undergone 18 sessions. According to the treatment notes, the most recent physical therapy session was on 9/2014. This request appears to be the first 'post-operative' physical therapy request. MTUS guidelines "Initial course of therapy" means one half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations set forth in subdivision (d)(1) of this section." MTUS does not specify the number of sessions for sural neurectomy and transportation. The number of sessions for various MTUS ankle pathologies range from 8 to 34 sessions. MTUS does not specify the number of post-surgical therapy sessions for this specific surgery, but 8 sessions is within the range of similar nerve procedures within MTUS. As such, I am reversing the original non-certification. The request for Physical Therapy 2 x 4 is medically necessary.