

Case Number:	CM15-0113594		
Date Assigned:	06/22/2015	Date of Injury:	07/27/2009
Decision Date:	07/21/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/12/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 55 year old male, who sustained an industrial injury on 7/29/09. He has reported initial complaints of left foot/ankle injury. The diagnoses have included Complex regional pain syndrome (CRPS) of the left lower extremity (LLE), chronic pain status post left foot tibia/fibula fracture secondary to knee locking up and status post left foot surgeries with residuals. Treatment to date has included medications, activity modifications, surgery, diagnostics, physical therapy, Lumbar-Sacral Orthosis (LSO), acupuncture and home exercise program (HEP). Currently, as per the physician progress pain medicine re-evaluation note dated 5/12/15, the injured worker complains of low back pain that radiates down the left lower extremity (LLE) and foot, pain in the left foot and leg that is burning and sharp and accompanied by muscle weakness. The average pain is rated 9-10/10 on pain scale with medications, and 10/10 without medications. The pain is reported as worsened since the last visit. The injured worker is status post lumbar sympathetic block on 3/3/15. He reported 50-80 percent overall improvement post procedure for a duration of 6 weeks. The physical exam reveals that range of motion of the lumbar spine is limited due to pain. There is tenderness to palpation of the left foot, mild swelling in the left foot, and decreased strength of the extensor muscles in the left lower extremity (LLE). There are also findings of allodynia in the left lower extremity (LLE) and discoloration in the left lower extremity (LLE) with atrophy noted in the left foot. The current medications included Percocet, Enovarx-Ibuprofen, Gabapentin and Lidocaine patch topically. The urine drug screen dated 5/12/15 is consistent with the medications prescribed. The physician notes that the injured worker has neuropathic lumbar spine pain. The physician requested treatments included Enovarx-Ibuprofen 10% kit #1 and Lidocaine 5% patch #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Enovarx-Ibuprofen 10% kit #1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), page 22.

Decision rationale: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of NSAID's functional benefit is advised as per Guidelines, long-term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing and increase the risk for heart attack and stroke in patients with or without heart disease, as well as potential for hip fractures even within the first weeks of treatment, increasing with longer use and higher doses of the NSAID. Available reports submitted have not adequately addressed the indication to continue a NSAID for a chronic injury nor have they demonstrated any functional efficacy derived from treatment already rendered. There is no documented intolerance from oral medications to support for the topical NSAID. The Enovarx-Ibuprofen 10% kit #1 is not medically necessary and appropriate.

Lidocaine 5% patch #30: 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 Medications, Pages 111- 113.

Decision rationale: Chronic symptoms and clinical findings remain unchanged with medication refilled. The patient exhibits diffuse tenderness and pain on the exam to the spine and extremities with radiating symptoms. The chance of any type of topical improving generalized symptoms and functionality significantly with such diffuse pain is very unlikely. Topical Lidocaine is indicated for post-herpetic neuralgia, according to the manufacturer. There is no evidence in any of the medical records that this patient has a neuropathic source for the diffuse pain. Without documentation of clear localized, peripheral pain to support treatment with Lidocaine along with functional benefit from treatment already rendered, medical necessity has not been established. There is no documentation of intolerance to oral medication as the patient is also on other oral analgesics. The Lidocaine 5% patch #30 is not medically necessary and appropriate.

