

Case Number:	CM15-0129790		
Date Assigned:	08/11/2015	Date of Injury:	11/19/2008
Decision Date:	09/29/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/06/2015

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: Texas, New York, 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 applicant is a represented CIGA beneficiary who has filed a claim for chronic ankle pain reportedly associated with an industrial injury of November 19, 2008. In a Utilization Review report dated June 29, 2015, the claims administrator failed to approve requests for Lidoderm patches and Flexeril while conditionally denying tramadol and Neurontin. The claims administrator referenced an RFA form received on June 15, 2015 in its determination, along with an associated progress note of June 9, 2015. The applicant's attorney subsequently appealed. On an RFA form dated June 9, 2015, tramadol, Lidoderm, and Flexeril were endorsed. In an associated progress note dated June 9, 2015, the applicant reported ongoing complaints of foot and ankle pain status post earlier ORIF of a fibular fracture. Lidoderm patches, tramadol, Neurontin, and Flexeril were renewed. It was suggested that the applicant was working on an as-tolerated basis. Replacement orthotics was sought. The applicant's primary stated diagnosis was that of chronic ankle pain status post earlier ORIF of fibular fracture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patches #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine Patch).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine; Pain Mechanisms Page(s): 112; 3.

Decision rationale: No, the request for topical Lidoderm patches was not medically necessary, medically appropriate, or indicated here. While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical lidocaine is indicated in the treatment of localized peripheral pain or neuropathic pain in applicants in whom there has been a trial of first-line therapy with antidepressants and/or anti-convulsants and/or anti-convulsants, here, however, there was no mention of the applicant's having tried and/or failed antidepressant adjuvant medications or anticonvulsant adjuvant medications prior to introduction, selection, and/or ongoing usage of the Lidoderm patches in question. The applicant's presentation on June 9, 2015 was not, furthermore, evocative or suggestive of neuropathic pain, which, per page 3 of the MTUS Chronic Pain Medical Treatment Guidelines is characterized by symptoms such as numbing, lancinating, electric shock like, and/or tingling sensations. Here, however, no such complaints were seemingly present on or around the date in question, June 9, 2015. Rather, the applicant was described as having mechanical foot and ankle pain complaints associated with the historical fibular fracture. Therefore, the request is not medically necessary.

Flexeril 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41.

Decision rationale: Similarly, the request for Flexeril (cyclobenzaprine) was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine or Flexeril to other agents is not recommended. Here, the applicant was, in fact, using a variety of other agents, including Lidoderm patches, tramadol, Neurontin, etc., it was acknowledged on June 9, 2015. The 60-tablet supply of cyclobenzaprine at issue, furthermore, represents treatment in excess of the short course of therapy for which cyclobenzaprine is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.