

<b>Case Number:</b>	CM15-0172446		
<b>Date Assigned:</b>	09/14/2015	<b>Date of Injury:</b>	01/19/2009
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	08/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/01/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 61 year old female who sustained an injury on 1-19-09. Diagnoses include status post fracture, right fibula with lateral displacement of the talus with subsequent open reduction and internal fixation of the fibula only; status post extensive arthroscopic debridement and repair of lateral dislocation of the talus and joint distraction with external fixation; severe post traumatic arthritis right ankle; chronic strain, lumbar spine; moderate medial instability right ankle. 6-2-15 PR2 indicates there is no change in the pain her right foot and rated as 3 out of 10 and 6 out of 10 with attempted repetitive weight bearing activities. She walks with a profound perceptible limp and flexion continues to be limited to 45, 90 degrees and extension full at 45, 45 degrees. The treatment plan was to continue using Gabapentin and Etodolac. The PR2 on 7-7-15 requested treatments included Gabapentin 300 mg three times a day #120; Nabumetone 500 mg twice a day #120, 3; Lidopro cream 242 gms. 8-11-15 examination indicates she has increasing pain in her right ankle rated at 4 out of 10 and 8 out of 10 with attempted repetitive weight bearing activities. She sustained a fracture dislocation to her right ankle and underwent three surgeries which failed and now she has severe post traumatic arthritis in the right ankle and moderate medial instability. Physical examination reveals tenderness persists to the medial and lateral aspects of the right ankle with painful range of motion. She has 100% loss of inversion and eversion of the right subtalar joint. Lumbar spine pain is rated 2 out of 10 and is complicated by the altered gait due to her chronic right ankle pain. She uses an ankle foot orthosis and elastic anklet and supportive shoes to aid her

ambulation. Requested treatments were Gabapentin 300 mg three times a day #120; Nabumetone 500 mg twice a day #120, 3; Lidopro cream 242 gms. Utilization review 8-27-15 for requested treatments are non-certified.

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

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

#### **Gabapentin 300mg TID #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

**Decision rationale:** The claimant sustained a right ankle fracture dislocation in January 2009 and continues to be treated for right ankle pain. She had ORIF of fracture of the fibula and underwent arthroscopic debridement with external fixation of the ankle and has severe posttraumatic right ankle arthritis and instability. She also has chronic low back pain. When seen, she was having increasing right ankle pain. Physical examination findings included moderate ankle tenderness and decreased range of motion with instability. There was lumbar tenderness with indurations and moderate muscle spasms. She had decreased lumbar spine range of motion. She was using an ankle foot orthosis and ankle support and supportive shoes and was ambulating with a limp. Medications were refilled. Gabapentin was being prescribed at a total dose of 900 mg per day. Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. When used for neuropathic pain, guidelines recommend a dose titration of at least 1200 mg per day. After initiation of treatment there should be documentation of pain relief and improvement in function. In this case, the claimant's gabapentin dosing is less than that recommended without evidence of effectiveness and no titration was being planned. The claimant has arthritic pain. Ongoing prescribing at this dose is not medically necessary.

#### **Nabumetone 500mg BID #120: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, specific drug list & adverse effects.

**Decision rationale:** The claimant sustained a right ankle fracture dislocation in January 2009 and continues to be treated for right ankle pain. She had ORIF of fracture of the fibula and underwent arthroscopic debridement with external fixation of the ankle and has severe posttraumatic right ankle arthritis and instability. She also has chronic low back pain. When seen, she was having increasing right ankle pain. Physical examination findings included moderate ankle tenderness and decreased range of motion with instability. There was lumbar

tenderness with indurations and moderate muscle spasms. She had decreased lumbar spine range of motion. She was using an ankle foot orthosis and ankle support and supportive shoes and was ambulating with a limp. Medications were refilled. Gabapentin was being prescribed at a total dose of 900 mg per day. Oral NSAIDS (nonsteroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain and for control of inflammation. Guidelines recommend a maximum dose of nabumetone of 2000 mg/day. In this case, the requested dosing is within guideline recommendations and is medically necessary.

**Lidopro cream 242 gms:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** The claimant sustained a right ankle fracture dislocation in January 2009 and continues to be treated for right ankle pain. She had ORIF of fracture of the fibula and underwent arthroscopic debridement with external fixation of the ankle and has severe posttraumatic right ankle arthritis and instability. She also has chronic low back pain. When seen, she was having increasing right ankle pain. Physical examination findings included moderate ankle tenderness and decreased range of motion with instability. There was lumbar tenderness with indurations and moderate muscle spasms. She had decreased lumbar spine range of motion. She was using an ankle foot orthosis and ankle support and supportive shoes and was ambulating with a limp. Medications were refilled. Gabapentin was being prescribed at a total dose of 900 mg per day. Lidopro (capsaicin, lidocaine, menthol and methyl salicylate ointment) is a compounded topical medication. Menthol and methyl salicylate are used as a topical analgesic in over the counter medications such as Ben-Gay or Icy Hot. They work by first cooling the skin then warming it up, providing a topical anesthetic and analgesic effect which may be due to interference with transmission of pain signals through nerves. MTUS addresses the use of capsaicin which is recommended as an option in patients who have not responded or are intolerant to other treatments. Guidelines recommend that when prescribing medications only one medication should be given at a time. By prescribing a multiple combination medication, in addition to the increased risk of adverse side effects, it would be difficult or impossible to determine whether any derived benefit was due to a particular component. In this case, there are other single component topical treatments with generic availability that could be considered. Oral nabumetone is being prescribed and tolerated. Lidopro is not medically necessary.