

Case Number:	CM15-0175778		
Date Assigned:	09/17/2015	Date of Injury:	08/18/2014
Decision Date:	10/19/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/08/2015

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 32 year old male, who sustained an industrial-work injury on 8-18-14. A review of the medical records indicates that the injured worker is undergoing treatment for right ankle closed fracture and status post-surgery right ankle 8-25-14. Medical records dated (5-7-15 to 8-19-15) indicate that the injured worker complains of right ankle pain and foot pain and newer symptom of heel pain especially after finishing work at the end of the day. Per the treating physician report dated 5-7-15 the injured worker may return to full duties since 2-4-15. The physical exam dated 8-19-15 reveals that the blood pressure is 104 over 60, and pulse is 64, he is alert and oriented and skin is clean dry and intact. There are no other significant physical findings noted. The physical exam-objective findings dated 6-18-15 reveals that the injured worker ambulates more the lateral aspect of the right compared to the left foot and there is tenderness to palpation of the spring ligament of the foot. The medical record dated 8-19-15 the physician indicates that Naprosyn is being substituted for Fenoprofen as Fenoprofen was no longer available. Treatment to date has included pain medication, Fenoprofen, Lipido cream at least since 5-7-15, Naproxen since at least 8-19-15, chiropractic, physical therapy at least 12 sessions, Transcutaneous electrical nerve stimulation (TENS), home exercise program (HEP), bracing and other modalities. The request for authorization date was 8-19-15 and requested services included Retrospective Lidopro Cream 121gm DOS 8-19-15 and Retrospective Naproxen Sodium 550mg quantity 60 DOS 8-19-15. The original Utilization review dated 8-25-15 non-certified the request for Retrospective Lidopro Cream 121gm DOS 8-19-15 as the records do not establish a diagnosis of localized peripheral pain after there has been evidence of first line therapy such as Gabapentin or Lyrica, it is only FDA approved for post herpetic neuralgia and the records do not establish that the injured worker is intolerant to or has not

responded to other treatments. The request for Retrospective Naproxen Sodium 550mg quantity 60 DOS 8-19-15 was non-certified as according to evidenced based guidelines Naproxen is a Non-steroidal anti-inflammatory drug for the relief of signs and symptoms of osteoarthritis and the medical records do not identify an acute flare up of symptoms that would not respond to Acetaminophen or over the counter analgesics.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Lidopro Cream 121gm DOS 8-19-15: 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): Lidoderm (lidocaine patch), Topical Analgesics.

Decision rationale: The claimant sustained a work injury in August 2014 when his right foot was run over by a trailer. He underwent ORIF of an ankle fracture and continues to be treated for right ankle pain. When seen, he was having new symptoms of right heel pain occurring intermittently. He was taking Fenoprofen one time per day which was only helping a little. He was using TENS two times per day. He was not performing a recommended home exercise program. Physical examination findings consisted of vital signs. Fenoprofen was discontinued and Naprosyn was prescribed. Lidopro cream was refilled. 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. Lidopro was not medically necessary.

Retrospective Naproxen Sodium 550mg quantity 60 DOS 8-19-15: 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 work injury in August 2014 when his right foot was run over by a trailer. He underwent ORIF of an ankle fracture and continues to be treated for right ankle pain. When seen, he was having new symptoms of right heel pain occurring intermittently. He was taking Fenoprofen one time per day, which was only helping a little. He was using TENS two times per day. He was not performing a recommended home exercise program. Physical examination findings consisted of vital signs. Fenoprofen was discontinued and Naprosyn was prescribed. Lidopro cream was refilled. Oral NSAIDS (non-steroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain and for control of inflammation. Dosing of naproxen is 275-550 mg twice daily and the maximum daily dose should not exceed 1100 mg. In this case, the claimant had limited benefit from Fenoprofen and had new symptoms of heel pain. The requested dosing is within guideline recommendations and medically necessary.