MAXIMUS Federal Services

Case Number:	CM15-0176034		
Date Assigned:	09/17/2015	Date of Injury:	07/29/2003
Decision Date:	10/23/2015	UR Denial Date:	09/03/2015
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: 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 33 year old female, who sustained an industrial injury on 7-29-2003. Diagnoses include ankle sprain, myofascial pain and tenosynovitis wrist or hand. Treatment to date has included home exercises, diagnostics, and medications including NSAIDs and topical medications. Per the handwritten Primary Treating Physician's Progress Report dated 8-14-2015, the injured worker reported left ankle pain. Objective findings included antalgic gait. The rest of the notes are illegible. On 4-11-2015 the injured worker reported left ankle pain increased with range of motion and activities of daily living (ADLs). She is taking ibuprofen and Cyclo-benzaprine as needed. Lidoderm patch was denied by insurance. Objective findings of the left ankle included tenderness to palpation, a decrease in left ankle inversion and eversion, edema in the lateral aspect near the lateral malleolus and a palpable nodule was noted near the internal malleolus. Per the medical records dated 4-11-2015 to 8-14-2015 there is no documentation of improvement in symptoms, increase in activities of daily living or decrease in pain level with the current treatment. Work status was full time. The plan of care included work full time and LidoPro topical patch, as the injured worker is not tolerating NSAIDs. Authorization was requested on 8-14-2015 for Sumatriptan 50mg #9, and LidoPro topical patches #15. On 9-03-2015, Utilization Review non-certified the request for Sumatriptan 50mg #9, and LidoPro topical patches #15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sumatripan 80mg qty: 9: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter Head, under Triptan.

Decision rationale: The current request is for Sumatripan 80MG qty: 9. The RFA is dated 08/14/15. Treatment to date has included home exercises, diagnostics, and medications including NSAIDs and topical medications. The patient is working full time. ODG guidelines Chapter Head, under Triptan: Recommended for migraine sufferers. At marketed doses, all oral triptans (e.g., Sumatriptan, brand name Imitrex) are effective and well tolerated. Differences among them are in general relatively small, but clinically relevant for individual patients. A poor response to one triptan does not predict a poor response to other agents in that class. Per report 08/14/15, the patient presents with left ankle pain. Objective findings included antalgic gait. This report is hand written and partially illegible. On 04/11/2015 the patient reported left ankle pain. Objective findings of the left ankle included tenderness to palpation, a decrease in left ankle inversion and eversion, edema in the lateral aspect near the lateral malleolus and a palpable nodule was noted near the internal malleolus. The patient's medications include lido patches, Ibuprofen and cyclobenzaprine. There is no discussion regarding the requested Sumatriptan. In this case, there are no discussion of headaches or migraines and there is no associated diagnosis provided. The medical necessity has not been established. Therefore, the request is not medically necessary.

Lidopro topical patches qty: 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): Topical Analgesics.

Decision rationale: The current request is for Lidopro Topical Patches Qty: 15. The RFA is dated 08/14/15. Treatment to date has included home exercises, diagnostics, and medications including NSAIDs and topical medications. The patient is working full time. LidoPro topical patch contains Capsaicin, Lidocaine, Menthol, and methyl salicylate. The MTUS has the following regarding topical creams (p 111, chronic pain section): "Topical Analgesics: Recommended as an option as indicated below. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are

indicated for neuropathic pain." Per report 08/14/15, the patient presents with left ankle pain. Objective findings included antalgic gait. This report is hand written and partially illegible. On 04/11/2015 the patient reported left ankle pain. Objective findings of the left ankle included tenderness to palpation, a decrease in left ankle inversion and eversion, edema in the lateral aspect near the lateral malleolus and a palpable nodule was noted near the internal malleolus. The patient's medications include lido patches, Ibuprofen and cyclobenzaprine. The treater reports that the patient has been using Lido pro patches which "helps her pain." In this case, the patient does not present with neuropathic pain to warrant the use of a lidocaine based patch. Furthermore, the treater has provided one statement that the patch "helps" her pain, with no discussion on how the patch is to be used, how often and with what efficacy in terms of pain reduction and functional improvement. Given the lack of documentation of neuropathic pain, the request is not medically necessary.