

Case Number:	CM15-0177647		
Date Assigned:	09/18/2015	Date of Injury:	08/09/2002
Decision Date:	10/21/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	09/09/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 injured worker is a 50 year old male, who sustained an industrial injury on 8-9-2002. He reported chronic ankle pain, diabetes, neuropathy, and depression. Diagnoses include grade 2 ankle sprain of the right ankle and contact dermatitis. Treatments to date include activity modification, ankle brace, foot orthotics, and Ankle Foot Orthosis (AFO) for right ankle. Currently, he complained of chronic ankle and foot pain. The records indicated in he rolled his ankle in May 2015 resulting in persistent swelling and pain. In addition, the previous months included an ultrasound of the right leg to evaluate for deep vein thrombosis and MRI of the right foot-ankle to evaluate new soft tissue swelling. In addition, there was recent initiation of Indocin and oral Prednisone treating a recurrent gout flair. He also was noted to have recent removal of an avulsed toenail on the first great toe. Current medications listed included Lidoderm 5% topical patch, Lotrisone topical cream, Metformin, Nortriptyline, and Tramadol. There was no objective evaluation of medication efficacy documented in the medical records submitted for this review. On 7-21-15, the physical examination documented a right subungual hematoma of great toe, nail now avulsed. The appeal requested authorization for Nortriptyline 25mg #90 and Lidocaine 5% Patches #90. The Utilization Review dated 8-11-15, denied the request stating "There was no current medical note supporting the request." per the California Medical Treatment Utilization Schedule Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

90 capsules of Nortriptyline 25mg: 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): Antidepressants for chronic pain.

Decision rationale: 90 capsules of Nortriptyline 25mg is not medically necessary per the MTUS Guidelines. The MTUS states that tricyclics are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. The documentation does not indicate a clear history of neuropathic pain, or assessment of treatment efficacy of Nortriptyline. Therefore this request is not medically necessary.

90 Lidocaine 5% patch: 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).

Decision rationale: 90 Lidocaine 5% patch is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. The documentation does not indicate failure of first line therapy for peripheral pain. The documentation does not indicate a diagnosis of post herpetic neuralgia or clear history of neuropathic pain. For these reasons the request for Lidocaine Patch 5% is not medically necessary.