

Case Number:	CM15-0068937		
Date Assigned:	04/16/2015	Date of Injury:	09/25/2009
Decision Date:	06/19/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/10/2015

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: New York, Tennessee
 Certification(s)/Specialty: Emergency 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 44 year old female, who sustained an industrial injury on 9/25/2009. Diagnoses have included chronic ankle sprain with peroneal sensory involvement associated with plantar fasciitis, mild non-specific discomfort along the right foot as a compensatory issue and internal derangement of the left knee. Treatment to date has included ankle brace, transcutaneous electrical nerve stimulation (TENS) unit, hot and cold wrap and medication. According to the progress report dated 2/24/2015, the injured worker complained of constant pain in the left lower extremity. She reported stomach irritation from the medications and also heartburn. She reported that standing, sitting and walking were limited to 15 minutes. The injured worker had buckling and limping as she walked. Physical exam revealed tenderness along the anterior and posterior talofibular ligament with anterior instability noted. There was Tinel along the sensory branch of the peroneal nerve. There was mild tenderness on the Achilles tendon and tenderness along the plantar fascia of the right foot. Authorization was requested for Remeron, Nalfon and LidoPro cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Remeron 15 MG/Tab #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Medical Letter; Treatment Guidelines from the Medical Letter, Issue 130, June 1, 2013: Drugs for Psychiatric Disorders.

Decision rationale: Remeron is mirtazapine, an antidepressant. Mirtazapine may be useful when insomnia is prominent, and its appetite-stimulating and weight-gain-promoting properties may be helpful in depressed patients with marked anorexia. Mirtazapine can cause sedation, increased appetite, weight gain, dizziness, dry mouth and constipation; febrile neutropenia has occurred rarely. In this case the remeron is being prescribed for depression. However there is no documentation that the patient has a diagnosis of depression or is being followed by a psychiatrist. There is no medical indication for using Remeron. The request is not medically necessary.

Lidopro Cream 1 Bottle: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 111-112. Decision based on Non-MTUS Citation Treatment Guidelines from the Medical Letter, April 1, 2013, Issue 128: Drugs for Pain Interventions and Guidelines.

Decision rationale: Lidopro cream is a topical analgesic containing capsaicin, Lidocaine, menthol, and methyl salicylate. Topical analgesics are recommended for neuropathic pain when anticonvulsants and antidepressants have failed. Compounded topical analgesics are commonly prescribed and there is little to no research to support the use of these compounds. Furthermore, the guidelines state that "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Capsaicin is recommended only as an option in patients who have not responded or cannot tolerate other treatments. It is recommended for osteoarthritis, fibromyalgia, and chronic non-specific back pain and is considered experimental in high doses. Lidocaine is recommended for localized peripheral pain after the evidence of a trial for first-line therapy. It is only FDA approved for the treatment of post-herpetic neuralgia. The guidelines state that further research is needed to recommend this treatment for chronic neuropathic pain. In this case the patient is not suffering from postherpetic neuralgia. It is not recommended. Methylsalicylate is a topical salicylate and is recommended, being significantly better than placebo in chronic pain. Topical analgesics containing menthol, methylsalicylate or capsaicin are generally well-tolerated, but there have been rare reports of severe skin burns requiring treatment or hospitalization. Menthol is not recommended. This medication contains drugs that are not recommended. Therefore the medication cannot be recommended. The request is not medically necessary.

Nalfon 400 MG/Tab #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 67-68, 71.

Decision rationale: Nalfon is fenoprofen, a nonsteroidal anti-inflammatory drug (NSAID). It is indicated for the treatment of osteoarthritis. Chronic Medical Treatment Guidelines state that "anti-inflammatory drugs are the traditional first line of treatment, but long term use may not be warranted." For osteoarthritis it was recommended that the lowest dose for the shortest length of time be used. It was not shown to be more effective than acetaminophen, and had more adverse side effects. Adverse effects for GI toxicity and renal function have been reported. Medications for chronic pain usually provide temporary relief. Medications should be prescribed only one at a time and should show effect within 1-3 days. Record of pain and function with the medication should be documented. In this case documentation in the medical record does not support the diagnosis of osteoarthritis. Nalfon is not indicated. The request is not medically necessary.