

<b>Case Number:</b>	CM15-0069169		
<b>Date Assigned:</b>	04/16/2015	<b>Date of Injury:</b>	10/25/2012
<b>Decision Date:</b>	05/18/2015	<b>UR Denial Date:</b>	04/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/13/2015

### 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: Texas, California

Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 45 year old female patient who sustained an industrial injury on 10/25/12. Diagnoses include CRPS right lower extremity, depressive disorder and anxiety. Per the doctor's note dated 3/25/2015, she had complaints of right ankle and foot pain as well as sleeping difficulties, anxiety, depression and headaches. The physical examination revealed anxious and depressed. The medications list includes gabapentin, ibuprofen, Imitrex, omeprazole, trazodone and lidocaine ointment. She has undergone cholecystectomy and sympathetic nerve block. She has had bone scan on 10/10/2014 with negative results; EMG/NCS dated 10/14/2014 which revealed tarsal tunnel syndrome; right ankle MRI on 2/18/2015. She has had physical therapy, custom orthotics and psyche sessions for this injury.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Imitrex 50Mg QD #15:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities Guidelines.

**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 (updated 01/21/15) Triptans.

**Decision rationale:** Request: Imitrex 50Mg QD #15 Imitrex contains sumatriptan. Triptans are used for treating migraine headaches. Per the cited guidelines, Triptans are 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. FDA approved indication for Imitrex is acute migraine with or without aura. Failure to other medications for acute migraine (NSAIDS) is not specified in the records provided. Any imaging study for headache is not specified in the records provided. Detailed history and examination related to migraine is not specified in the records provided. The medical necessity of IMITREX 50MG QD #15 is not fully established in this patient at this time and is not medically necessary.

**Lidocaine 5 Percent QID 50gm Tube #1 Refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics, page 111-113 Lidoderm (lidocaine patch) page 56-57.

**Decision rationale:** Request: Lidocaine 5 Percent QID 50gm Tube #1 Refills: 2. According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. According to the MTUS Chronic Pain Guidelines 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. MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Failure of antidepressants and anticonvulsants for these symptoms are not specified in the records provided. Intolerance to oral medications for pain is not specified in the records provided. Any evidence of post-herpetic neuralgia is not specified in the records provided. The medical necessity of Lidocaine 5 Percent Qid 50gm Tube #1 Refills: 2 is not fully established for this patient and is not medically necessary.