

Case Number:	CM15-0092129		
Date Assigned:	05/18/2015	Date of Injury:	07/01/2013
Decision Date:	06/22/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	05/13/2015

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: California

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 was a 37 year old male, who sustained an industrial injury, July 1, 2013. The injured worker was operating a standup forklift when the injured workers left foot was caught between the forklift a pallet and a beam. The injured worker was treated with an ace wrap, orthopedic boot and diagnosed with a sprain. The injured worker previously received the following treatments Lunesta, Naproxen, MRI of the left ankle showed a non-united anterior process of the calcaneus, left ankle x-ray negative for acute osseous abnormality, Motrin, Naproxen and cane. The injured worker was diagnosed with left ankle pain, crush injury to the left ankle, peroneal tendinosis and fracture of the anterior process of the calcaneus. According to progress note of March 18, 2015, the injured workers chief complaint was left ankle pain. The pain increased as the day goes on. The pain was rated at a 5-6 out of 10 and constant. The pain was aggravated by standing and walking. The pain was described as deep and aching associated with swelling sharp and shooting pains along with throbbing pain into the ankle. The physical exam noted diffuse swelling at the lateral left ankle. There was tenderness noted at the dorsiflexion 5 degrees, planter flexion of 10 degrees, eversion and inversion painful. Toe stance was within normal limits and heel stance was unstable. Samples of Flector patches and Lyrica were given by the treating physician. The treatment plan included new prescriptions for Flector patches and Lyrica.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector patches #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints, Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Flector patch.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs Page(s): 111-112.

Decision rationale: Regarding the request for Flector Patches, the CA MTUS do not address Flector specifically, but do contain criteria for topical NSAIDs. Topical NSAIDs are indicated for short term treatment (4-12 weeks) of "osteoarthritis and tendinitis" in joints amenable to treatment such as the elbow, knees, but not of the "spine, hip or shoulder." More specific recommendations are found in the ODG which state Flector patches are not recommended as a first-line treatment. These guidelines additionally state that Flector patch is FDA indicated for acute strains, sprains, and contusions. Within the medical information made available for review, the patient is noted to have chronic pain with a date of injury from 2013. There is no documentation of acute strains, sprains, and contusions. In the absence of such documentation, this request is not medically necessary.

Lyrica 50mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints, Chronic Pain Treatment Guidelines Pregabalin (Lyrica).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines AEDs Page(s): 16-21.

Decision rationale: Regarding request for pregabalin (Lyrica), Chronic Pain Medical Treatment Guidelines state that antiepilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that after initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. Within the documentation available for review, there is no identification of any specific analgesic benefit (in terms of percent reduction in pain or reduction of NRS), and no documentation of specific objective functional improvement. Additionally, there is no discussion regarding side effects from this medication. In the absence of such documentation, the currently requested pregabalin (Lyrica) is not medically necessary.