

Case Number:	CM13-0015502		
Date Assigned:	09/27/2013	Date of Injury:	07/26/2007
Decision Date:	01/24/2014	UR Denial Date:	08/05/2013
Priority:	Standard	Application Received:	08/23/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesia, has a subspecialty in Acupuncture and Pain Medicine, and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 60 year old female injured worker with date of injury 7/26/07 complaining of left hip pain. The injured worker is diagnosed with left hip osteoarthritis, left lower extremity paresthasias, and is status post left hip arthroplasty. An MRI taken revealed evidence of prior femoral osteoplasty and evidence of labral repair without evidence of re-tearing. She does have well-defined intense area of subchondral bone edema involving the acetabulum. She also does have moderately advanced articular cartilage damage along the anterior superior portion of the hip join. She has chronic tendinosis and partial thickness tearing of the gluteus medius tendon. There is noted fat atrophy of the muscle of the gluteus medius. The injured worker has been treated with medication, aquatic therapy, and physical therapy. Her physical therapy rehab potential has been rated good. The date of UR decision is 8/1/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patches #30 x 2: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state regarding Lidocaine's indication for Neuropathic pain, "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.) 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." The medical records provided for review do not indicate that there has been a trial of first-line therapy (tri-cyclic or SNRI antidepressants or an AED). There is also no diagnosis of diabetic neuropathy or post-herpetic neuralgia. As such, Lidoderm is not recommended at this time. The request for Lidoderm patches #30x2 is not medically necessary and appropriate.