MAXIMUS Federal Services

Case Number:	CM13-0021260		
Date Assigned:	11/01/2013	Date of Injury:	10/23/2001
Decision Date:	02/13/2014	UR Denial Date:	08/07/2013
Priority:	Standard	Application Received:	09/06/2013

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 Internal Medicine, Pulmonary Diseases 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 57-year-old female who reported a work-related injury on 10/23/2001, specific mechanism of injury not stated. The patient presents for treatment of the following diagnoses, tarsal tunnel syndrome, ankle sprain/strain, and lumbar sprain/strain. The clinical note dated 07/30/2013 reports the patient was seen under the care of [redacted] for her pain complaints. The provider documents the patient utilizes Lidoderm patches, 2 patches daily, as well as Gralise, Tizanidine, Omeprazole, Pristiq, and Gabapentin. The provider documented the patient is a surgical candidate for tarsal tunnel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% adhesive patch apply up to 2 patches every day 12 hours on 12 hours off, QTY: 60, refills 3: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57.

Decision rationale: The current request is not supported. The clinical documentation submitted for review fails to evidence the patient's reports of efficacy of utilization of Lidoderm patch, 2

patches transdermally applied daily. The clinical documents evidence the patient is utilizing Gralise for her neuropathic pain complaints. California MTUS indicates topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of a first line therapy. It is unclear the rationale for the patient utilizing both oral as well as topical analgesics for her neuropathic pain complaints. Additionally, as the clinical notes fail to document the patient's reports of efficacy with utilization of Lidoderm patch, the request for Lidoderm 5% adhesive patch apply up to 2 patches every day 12 hours on 12 hours off, QTY: 60, refills 3 is not medically necessary or appropriate.