

Case Number:	CM13-0042022		
Date Assigned:	12/20/2013	Date of Injury:	07/27/2008
Decision Date:	04/29/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/16/2013

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. The expert reviewer is Board Certified in Occupational 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 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/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 represented [REDACTED] [REDACTED] employee who has filed a claim for chronic pain syndrome, Achilles tendonitis, and reflex sympathetic dystrophy of the lower limb reportedly associated with an industrial injury of July 27, 2008. Thus far, the patient has been treated with the following: Analgesic medications; attorney representation; topical compounds; transfer of care to and from various providers in various specialties; and extensive periods of time off of work. In a Utilization Review Report of October 11, 2013, the claims administrator denied a request for topical Lidoderm patches. The applicant's attorney subsequently appealed. A February 5, 2014, progress note is notable for comments that the patient reports persistent pain and hypersensitivity about leg associated with CRPS. The patient has transferred care to and from various providers. The patient's case and care have been complicated by co morbid diabetes. His medication list includes Neurontin, Lyrica, Cymbalta, tizanidine, Lidoderm patches, topical antifungal, Dendracin, Voltaren, Prilosec, glyburide, Metformin, Actos, Tenormin, hydrochlorothiazide, Cozaar, and Lipitor, each of which are refilled. The applicant is described as not presently employed. The patient is obese with a BMI of 30. Special shoes are sought, along with further physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

30-DAY SUPPLY OF LIDODERM FILM (LIDOCAINE PATCH), 5%, QTY: 60 PATCHES: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine section. Page(s): 112.

Decision rationale: As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical Lidoderm is indicated in the treatment of localized peripheral pain or neuropathic pain in individuals who have tried and failed first-line antidepressant and/or anticonvulsants. In this case, however, the applicant has not, in fact, failed antidepressants and/or anticonvulsants. On the most recent February 2014 office visit referenced above, he was described as using both Lyrica and Cymbalta, effectively obviating the need for topical Lidoderm patches. Therefore, the request is not certified, on Independent Medical Review.