

Case Number:	CM13-0048358		
Date Assigned:	12/27/2013	Date of Injury:	10/08/2012
Decision Date:	05/23/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/05/2013

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 Physical Medicine & Rehabilitation 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 injured worker is a 28-year-old female who reported an injury on 10/08/2012 after a crush injury to the right lower extremity. The injured worker was evaluated on 10/29/2013. The injured worker's medication schedule included Gralise 600 mg, Lidoderm patches and Ibuprofen 400 mg. Physical exam findings of the right lower extremity included tenderness to palpation over the anterior and posterior tibia with decreased range of motion of the right lower extremity secondary to pain. It was noted that the treating provider's request for Lidoderm patches for the injured worker was previously denied. It was documented that this medication provided 40% functional improvement and allowed the injured worker to stand for 5 hours each day at work. The injured worker's diagnoses included right lower extremity neuropathic pain, right lower extremity crush injury, right lower extremity healed open wounds, chronic right lower extremity pain. The injured worker's treatment plan included a TENS unit trial, acupuncture, cognitive behavioral therapy, continued use of medications, and a follow-up visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

**PRESCRIPTION FOR LIDODERM PATCH 1 PATCH Q12 HRS ON, 12 HRS OFF #30
REFILL:** Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56, 57.

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

Decision rationale: The requested prescription of Lidoderm patch 1 patch every 12 hours on and 12 hours off #30 with refill is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends use of Lidoderm patches for injured workers who are intolerant or have failed to respond to oral anticonvulsants. The clinical documentation submitted for review does indicate that the injured worker underwent a trial of Neurontin. However, the injured worker is currently prescribed Gralise. Ongoing use of Gralise has been requested; therefore, use of a Lidoderm patch would not be supported. There is no documentation that the injured worker has not been responsive to current prescription of Gralise. As such, the requested prescription for Lidoderm patch 1 patch every 12 hours on and 12 hours off #30 refill is not medically necessary or appropriate.