

Case Number:	CM13-0059481		
Date Assigned:	12/30/2013	Date of Injury:	12/10/2009
Decision Date:	05/28/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/02/2013

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 Neuromusculoskeletal Medicine and is licensed to practice in Arizona. 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:

This is a 61 year old male with history of industrial injury to his back, neck and right lower extremity on Dec 10, 2009 without explanation as to the mechanism of injury. He has undergone an L5-S1 laminectomy, facetectomy and nerve root decompression and received less than optimal results. He has had lumbar pain since with neurological deficit of his right foot. On the primary treating physician's progress report dated May 23, 2013, the patient had complained of 5/10 burning pain with leg cramping and spasm with reported right foot numbness and entire lower extremity weakness. His physical examination revealed an antalgic gait, intact deep tendon reflexes, decrease sensation along the L5-S1 dermatome, a positive right sided straight leg raise and spasm and guarding of the lumbar spine, and lastly, he has zero (0) degrees of right foot dorsiflexion. His podiatrist, on a progress noted dated 10/30/2013, has noted a thickened callus and painful right sub 4th, and is requesting the lidocaine patch to treat his pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDOCAINE PATCH: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm, Topical Analgesics Page(s): 56,112.

Decision rationale: Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or serotonin-norepinephrine reuptake inhibitor (SNRI) anti-depressants or an automated external defibrillator (AED) such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Because the requesting Podiatrist is treating the patient's thickened and painful callus and not his localized peripheral pain or post-herpetic neuralgia, the request does not meet the MTUS guidelines for the use of a Lidoderm patch and is found not to be medically necessary.