

Case Number:	CM14-0002676		
Date Assigned:	01/29/2014	Date of Injury:	03/20/2001
Decision Date:	06/16/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/07/2014

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 and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and New York. 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 63 year old male injured on March 20, 2001 due to an undisclosed mechanism of injury. Current diagnosis was listed as causalgia lower limb. The clinical note dated January 14, 2014 indicates that the patient presented with a chief complaint of left foot pain and muscle aches. The patient presented with flu-like symptoms. Previous documentation indicates that the patient presented with left lower extremity pain rated at 6/10 on visual analogue scale (VAS) with the use of medications. The patient complains of pain at the dorsum of the left foot with intermittent tingling and burning sensation in the same pattern distribution. The patient reports he is unable to walk greater than 10 minutes without aggravation of pain. He continues with home exercise program daily with benefit. The patient continues to utilize medications with benefit and improved function without adverse effects. Current medications include Tramadol 150mg daily and topical a analgesic.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF LIDODERM 5%: Upheld

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

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Lidoderm is recommended for a trial if there is evidence of localized pain that is consistent with a neuropathic etiology. There should be evidence of a trial of first-line neuropathy medications (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Lidoderm is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points. The medical records do not indicate that the MTUS Guidelines have been met. Therefore prescription of Lidoderm 5% is not medically necessary.