

Case Number:	CM14-0016467		
Date Assigned:	04/11/2014	Date of Injury:	06/22/2010
Decision Date:	08/13/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/10/2014

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 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 35-year-old female with a reported date of injury on 06/22/2010. The mechanism of injury was not submitted within the medical records. Her diagnoses were noted to include left chronic talofibular ankle sprain, left dorsal foot possible ganglion cyst, and mild regional tenosynovitis of the tibialis posterior tendon. Previous treatments were noted to include physical therapy, medications, and a home exercise program. The progress note dated 03/10/2014 revealed the injured worker complained of left lower extremity pain, left ankle pain, and left foot pain. The pain level had remained unchanged since the last visit and there were no new problems or side effects. Her medication regimen included Voltaren 1% gel apply 4 gm to affected body part 4 times a day, docusate sodium 250 mg take 1 in the morning and 1 in the evening for constipation, Senokot 1 to 2 at bedtime as needed for constipation, Lyrica 100 mg one 3 times a day, Lidoderm 5% patch 1 to skin every day, ConZip 100 mg 1 daily, and omeprazole DR 20 mg 1 daily. The physical examination to the left ankle revealed an ankle brace and the injured worker was able to bear weight on her ankle with pain. The physical exam to the left foot noted tenderness to palpation over the heel, midfoot, and dorsum of the left foot, lateral portion of the foot. The neurological examination revealed higher functions were grossly normal and the motor strength was rated 5/5. The request for authorization form was not submitted within the medical records. The request is for a prescription for Lidoderm patch 5% #30 for neuropathic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDODERM PATCH 5% #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, pages 111-112 Page(s): 111-112.

Decision rationale: The request for prescription for lidoderm patch 5% #30 is non-certified. The injured worker has been utilizing this medication since at least 10/2013. The California Chronic Pain Medical Treatment Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The Guidelines primarily recommend topical analgesics for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The Guidelines' indication for lidocaine is neuropathic pain. It is recommended for localized peripheral pain after there has been evidence of first line therapy (tricyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica. Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. The Guidelines do not recommend Lidoderm for non-neuropathic pain. There is a lack of documentation regarding neuropathic pain to warrant a Lidoderm patch. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request for prescription for lidoderm patch 5% #30 is not medically necessary.