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| Case Number: | CM14-0110359 | | |
| Date Assigned: | 10/16/2014 | Date of Injury: | 10/05/2009 |
| Decision Date: | 11/18/2014 | UR Denial Date: | 07/09/2014 |
| Priority: | Standard | Application Received: | 07/15/2014 |

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 Occupational Medicine and is licensed to practice in Illinois. 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 37 year old woman who tripped and fell on 10/5/2009. She had a left peroneal brevis tendon repair and osteotomy in 2010 and complains of persistent left lower extremity pain worse with weight bearing. She also had a wrist triangular fibrocartilage complex tear diagnosed in 2010. Exam is noted for a marked antalgic gait favoring her left lower extremity. She also had color changes and hyperemia through the left lower extremity distally through mid-calf. Edema throughout the left foot and hyperalgesia to palpation over the Achilles tendon and the lateral malleolus with a loss of range of motion of the left lower extremity was present. Her diagnoses include complex regional pain syndrome in addition to her trauma.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm (Lidocaine patch 5%) x 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch Page(s): 56-57.

Decision rationale: Per Chronic Pain Medical Treatment Guidelines, topical Lidocaine may be recommended for IPer Chronic Pain Medical Treatment Guidelines, 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 re-uptake inhibitors, anti-depressants or an anti-epileptic drugs such as Gabapentin). This is not a first-line treatment and is only Food and Drug Administration approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-pruritics. This worker has complex regional pain syndrome and post-traumatic persistent pain. There is no documentation that this injured worker has neuropathic pain nor is there documentation that the worker has failed a first line medication therapy. Therefore this service is not medically necessary. The request is not medically necessary and appropriate.