MAXIMUS Federal Services

Case Number:	CM14-0116512		
Date Assigned:	08/04/2014	Date of Injury:	02/02/2013
Decision Date:	09/15/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/24/2014

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 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 26-year-old male who reported an injury on 02/02/2013. The mechanism of injury was not provided. On 02/21/2014, the injured worker presented with lower left extremity pain. Current medications included Tylenol, Naprosyn, and Neurontin. Upon examination of the left lower leg, the injured worker was wearing a garment over the left ankle/calf. The diagnoses were crush injury of the left lower leg, knee pain and chronic pain syndrome. The provider recommended a Lidoderm patch 5% with a quantity of 30, the provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

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 Topical Analgesics Page(s): 56-112.

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

Decision rationale: The California MTUS state topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of a first line therapy, such as

tricyclic or SNRI antidepressant or an AED such as gabapentin or Lyrica. This is not a first line treatment and is only FDA approved for postherpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. The injured worker does not have a diagnosis concurrent with the guideline recommendation for a Lidoderm patch. Additionally, the provider's request does not indicate the frequency of the medication in the request as submitted or the body part that it is intended. As such, the request is not medically necessary and appropriate.