MAXIMUS Federal Services

Case Number:	CM14-0125270		
Date Assigned:	08/11/2014	Date of Injury:	09/21/2013
Decision Date:	09/23/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	08/07/2014

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 & Rehabilitation and Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 56-year-old female who reported an injury on 09/21/2013. The mechanism of injury was not provided for clinical review. The diagnosis included left ankle lateral malleolus fracture, left ankle anterior impingement, left peroneal tendinitis with subluxation, postoperative foot sensitivity pain. Previous treatments included medication, physical therapy, and surgery. Within the clinical note dated 07/10/2014, it was reported the injured worker complained of continued radiating pain and increased swelling. She reported her foot was a different color. Upon the physical examination, the provider noted the injured worker had peroneal weakness, calf atrophy, and tenderness along the incision with minimal swelling. The provider requested Lidoderm pad. However, a rationale was not provided for clinical review. The request for authorization was submitted and dated 07/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine Pad5% #30 (30 day Supply)2 Refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Criteria for use Lidoderm Patches.

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

Decision rationale: The request for Lidocaine pad 5% #30, 30-day supply with 2 refills, is not medically necessary. The California MTUS Guidelines note topical NSAIDs are recommended for the use of osteoarthritis and tendinitis, in particular that of the knee and/or elbow and other joints that are amenable. Topical NSAIDs are recommended for short-term use of 4 to 12 weeks. The guidelines noted topical lidocaine is recommended for neuropathic pain and localized peripheral pain after there has been evidence of a trial of first-line therapy. Topical lidocaine in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Additionally, the injured worker has been utilizing the medication since at least 02/2014, which exceeds the guidelines' recommendation of short-term use. Therefore, the request is not medically necessary.