

Case Number:	CM14-0036691		
Date Assigned:	09/05/2014	Date of Injury:	02/27/2013
Decision Date:	10/16/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/26/2014

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 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:

This patient is a 39-year-old female who has developed neuropathic pain in the left ankle subsequent to an injury dated 2/27/13. She initially was treated conservatively and, due to persistent pain, was discovered to have a torn Peroneous Brevis tendon. This was surgically repaired, but post-operatively she had continued to have neuropathic pain at the surgical wound site, with localized allodynia near the wound. It is documented that various topical and oral analgesics, including Lyrica and opioids, have been trialed and discontinued.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch, use every day on the left ankle, #30 (with 4 refills): Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: MTUS Guidelines support a trial and potential longer-term use of Lidoderm when there is a localized, neuropathic pain syndrome and there has been a failure to respond to first line treatment(s). This patient meets the Guideline criteria for at least a trial of Lidoderm patches. It is not clear if the full 5 refills will be necessary if the trial is not successful, but it will

be assumed that the refills will not be utilized if a 1-2 month trial is not beneficial. The Lidoderm #30 with 5 refills is medically necessary.