

Case Number:	CM14-0046601		
Date Assigned:	07/02/2014	Date of Injury:	10/16/2002
Decision Date:	08/07/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	04/15/2014

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 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 applicant is a represented [REDACTED] employee who has filed a claim for reflex sympathetic dystrophy (RSD) of the lower limb reportedly associated with an industrial injury of October 16, 2002. Thus far, the applicant has been treated with the following: Analgesic medications; opioid agents; and topical agents. In a Utilization Review Report dated March 13, 2014, the claims administrator approved a request for oral tramadol while denying a request for topical lidocaine. The applicant's attorney subsequently appealed. In an April 14, 2014 appeal letter, the applicant's treating provider stated that the applicant had persistent complaints of low back pain and left leg pain secondary to chronic regional pain syndrome. The applicant was status post multiple sympathetic blocks, it was stated. The applicant had also developed a pulmonary embolism, it was stated. 6/10 pain was noted. The applicant could reportedly only sit and stand for no more than 15 minutes continuously. The applicant was averaging four hours of sleep per night owing to pain complaints. The applicant exhibited an antalgic gait requiring usage of a cane. A swollen ankle was noted with allodynia and hyperalgesia. Lidoderm was sought. The attending provider stated that the applicant had previously tried and failed both Cymbalta and Lyrica. The applicant still reported 6/10 pain. The applicant was status post a total knee arthroplasty, it was further noted. The applicant stated that Lidoderm was providing short-term pain relief and that several other oral agents had generated GI side effects. The attending provider stated that the applicant had had a positive response to Lidoderm in terms of pain relief but did not recount any improvement in function with ongoing usage of Lidoderm. On March 14, 2011, the applicant was described as having a 50% whole person impairment rating. A permanent 5-pound lifting limitation was endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5%, #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Lidocaine Page(s): 7, 112.

Decision rationale: While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical Lidoderm is indicated in the treatment of localized peripheral pain or neuropathic pain in applicants in whom there has been a trial of first-line therapy with antidepressants and/or anticonvulsants, this recommendation is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines, which stipulates that an attending provider incorporate some discussion of medication efficacy into his choice of recommendations. In this case, however, the attending provider has not clearly established the presence of either medication efficacy or functional improvement as defined in MTUS 9792.20f through ongoing Lidoderm patches. The applicant is off of work. A rather proscriptive 5-pound lifting limitation remains in place. The applicant remains highly reliant and dependent on other forms of medical treatment, including medications such as tramadol and is using a cane to move about. The applicant is having difficulty sleeping, balance problems, weakness about the left leg, despite ongoing usage of Lidoderm patches. All of the above, taken together, implies a lack of functional improvement as defined in MTUS despite ongoing usage of the same. Therefore, the request is not medically necessary.