

Case Number:	CM14-0051040		
Date Assigned:	07/07/2014	Date of Injury:	02/26/2013
Decision Date:	08/22/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/18/2014

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 Emergency 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 49 year-old male, who sustained an injury on February 26, 2013. The mechanism of injury occurred when a 30 foot bar joint weighting over 400 pounds fell on this lower extremities resulting in fractures to the tibia and fibula. Diagnostics have included: November 2, 2002 lumbar spine CT Scan was reported as showing bilateral pedicle screws at L3-5 with posterior fixation rods; Urine drug screen dated June 14, 2012 was reported as being positive for opiates and Carisoprodol. Treatments have included: medications including NSAID, anti-depressants, muscle relaxant, anti-convulsant, opiate and topical Lidocaine; ORIF February 27, 2013; repeat surgery March 2013. The current diagnoses are: left foot pain, left knee pain. The stated purpose of the request for URGENT 1 Lidocaine 10 per cent Gel PLO -Apply to affected area twice a day prn (as needed) #1, was to provide topical localized pain relief. The request for URGENT 1 Lidocaine 10 per cent Gel PLO -Apply to affected area twice a day prn (as needed) #1, was denied on March 20, 2014, citing a lack of documentation of first -line therapy with anti-convulsants or anti-depressants nor documented distribution of intended application. Per the report dated February 24, 2014, the treating physician noted complaints of pain to the left lower extremity, left ankle and right knee, rated as 6/10 with medications. Exam findings included: right knee restricted range of motion, with effusion, crepitus and a positive McMurray test; left knee restricted range of motion with crepitus, effusion, medial joint line tenderness and a positive McMurray test; left ankle restricted range of motion and lateral aspect tenderness; patchy dyesthesias and left gastrocnemius atrophy.

IMR ISSUES, DECISIONS AND RATIONALES

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

URGENT 1 Lidocaine 10 per cent Gel PLO -Apply to affected area twice a day prn (as needed) #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The requested URGENT 1 Lidocaine 10 per cent Gel PLO -Apply to affected area twice a day prn (as needed) #1, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Lidoderm, Pages 56-57, note that "Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica)". It is not considered first-line therapy and only FDA approved for post-herpetic neuralgia. The injured worker has pain to the left lower extremity, left ankle and right knee. The treating physician has documented right knee restricted range of motion, with effusion, crepitus and a positive McMurray test; left knee restricted range of motion with crepitus, effusion, medial joint line tenderness and a positive McMurray test; left ankle restricted range of motion and lateral aspect tenderness; patchy dyesthesias and left gastrocnemius atrophy. The UR determination noted a lack of documented first-line therapy including anti-depressants and anti-convulsants, but the treating physician has documented prescribing Zoloft and Neurontin. However, the treating physician has not documented the presence of radicular or neuropathic pain, history of post-herpetic neuralgia, nor symptomatic or functional improvement with its prior use, with the medication being prescribed for at least six months duration. The criteria noted above not having been met, URGENT 1 Lidocaine 10 per cent Gel PLO -Apply to affected area twice a day prn (as needed) #1, is not medically necessary.