

Case Number:	CM14-0053388		
Date Assigned:	07/07/2014	Date of Injury:	10/18/2010
Decision Date:	08/12/2014	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	04/22/2014

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 has a subspecialty in Interventional Spine 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 patient is a 41 year old female with an injury date of 10/18/10. Based on the utilization review letter dated 04/02/14, the patient is s/p 07/06/11 right ankle reconstruction, fibrosis peroneal brevis. The patient's diagnoses include the following: 1. Ankle sprain and strain 2. Calcaneal spur 3. Other ankle sprain and strain [REDACTED] is requesting for Lidoderm patch 5%, #60. The utilization review determination being challenged is dated 04/02/14. [REDACTED] is the requesting provider, and he provided one treatment report from 03/21/14 which is not legible.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch 5%, #60: Upheld

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

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

Decision rationale: According to the utilization review letter dated 04/02/14, the patient is status post 07/06/11 right ankle reconstruction, fibrosis peroneal brevis. The request is for Lidoderm patch 5%, #60. MTUS Guidelines recommends Lidoderm patches for neuropathic pain only stating, "Recommended for localized peripheral pain after there has been evidence of trial of first-line therapy, tricyclic SNRI, antidepressants or an anti-epilepsy drug (AED) such as Gabapentin or Lyrica." This patient does not present with neuropathic pain, but nociceptive pain of the ankle. There is no indication if the patient has had a trial of first-line therapy, tricyclic SNRI, antidepressants or an AED. The use of Lidoderm patches are not indicated per MTUS guidelines. Therefore, the request for Lidoderm patch 5% #60 is not medically necessary.