

Case Number:	CM14-0059117		
Date Assigned:	07/09/2014	Date of Injury:	10/01/2012
Decision Date:	08/29/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/29/2014

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 Therapy 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:

Patient is a 43 year-old male with date of injury 10/01/2012. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 03/03/2014, lists subjective complaints as frequent right knee and right ankle pain. Objective findings: Examination of the right knee revealed slightly decreased range of motion with tenderness over the medial joint line. Valgus and varus stress test were positive on the right as well as McMurray's was positive on the right. Examination of the right ankle revealed slightly decreased range of motion and tenderness over the plantar fascia and Achilles insertion. Diagnosis: 1. Right knee strain/sprain 2. Right ankle strain 3. Rule out regional pain syndrome. The medical records supplied for review document that the patient has been taking the following medication for at least as far back as four months. Medications: Lidoderm Patch, SIG: apply patch every 12 hrs as needed for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch: Upheld

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

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

Decision rationale: According to the MTUS, Lidoderm 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). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. The medical record has no documentation that the patient has undergone a trial of first-line therapy. The patient is starting a course of Neurontin, first-line therapy. Lidoderm patches are not medically necessary at this time.