

Case Number:	CM14-0071751		
Date Assigned:	06/27/2014	Date of Injury:	06/07/2005
Decision Date:	08/19/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	04/04/2014

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 and Rehabilitation, has a subspecialty in Pain 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 case involves a 56-year-old male who sustained a left ankle injury on 06/07/2005 while trying to stop a heavy cart from hitting another person. Review of the medical records dated 02/18/2014 and 08/13/13 revealed subjective findings of pain in the left and right foot /ankle, pain level of 7/10, and gastrointestinal upset caused by NSAID. Objective findings include: sensory deficit of the left foot dorsal surface at navicular and cuneiforms area; left heel tenderness to palpation; right foot tenderness to palpation at the lateral column with crepitus at the right ankle; left knee range of motion 0-130 degrees; right knee range of motion 0-120 degrees; bilateral anterior cruciate ligament (ACL), posterior cruciate ligament (PCL), medial collateral ligament (MCL); and lateral collateral ligament (LCL) appear to be stable. McMurray meniscal test positive bilaterally. The 01/15/10 MRI of right knee revealed fraying of the cartilage along the median ridge and high grade cartilage loss along the trochlear groove with superimposed full thickness fissuring and mild underlying bone marrow edema subchondral cyst formation. Patient has had cervical spine symptomatology in the past, which was cured. Diagnoses include left knee medial and lateral meniscal tear, left foot crush injury-history of navicular fracture, chronic right knee and right ankle pain. The request is for Lidoderm patches 5%.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 month supply of Lidoderm Patches 5%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment Guidelines, Lidoderm, page(s) 56-57 and on the Non-MTUS Official Disability Guidelines (ODG) Pain Chapter, Criteria for use of Lidoderm patches.

Decision rationale: There is no evidence in the medical records that the patient's pain is of neuropathic nature. In addition, there has not been a trial of first-line therapy with tri-cyclic, SNRI anti-depressants or an AED such as gabapentin or Lyrica, as required by the guidelines. Lastly, the area of intended patch application is not designated. Guideline requirements are not met therefore, this request is not medically necessary.