

Case Number:	CM14-0082345		
Date Assigned:	07/21/2014	Date of Injury:	08/30/2010
Decision Date:	10/02/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	06/03/2014

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 Family Practice and is licensed to practice in Texas. 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 41 year old male who reported an injury on 08/30/2010 from a 10-15 foot fall. The injured worker was diagnosed with status post minimally displaced fracture of the distal fibular diaphysis, status post calcaneal fracture, status post three surgical procedures on the left foot and ankle, chronic cervical, thoracic, and lumbosacral myofascial pain, status post right total hip replacement , and chest pain with hypertension. The injured worker was treated with medications, surgery, and physical therapy. The injured worker had an unofficial MRI of the left ankle on 03/12/2014. The injured worker had three surgical procedures on the left foot and ankle on unknown dates. On the clinical note dated 04/11/2014 the injured worker complained of left ankle, left lower leg, right hip, and lower back pain. The injured worker had right trochanteric tenderness, tenderness and bony deformity of the left ankle, and tenderness at T11-12. The injured worker was prescribed norco 5/325mg every 6 hours, amitriptyline 25mg 1-2 at night, and voltaren gel 4g four times a day. The treatment plan was for lidocaine pad 5%. The rationale for the request was not indicated in the medical records. The request for authorization was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine pad 5%, QTY: 60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

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

Decision rationale: The injured worker is diagnosed with status post minimally displaced fracture of the distal fibular diaphysis, status post calcaneal fracture, status post three surgical procedures on the left foot and ankle, chronic cervical, thoracic, and lumbosacral myofascial pain, status post right total hip replacement, and chest pain with hypertension. The injured worker complains of left ankle, left lower leg, right hip, and lower back pain. The California MTUS guidelines note, topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy including tri-cyclic or SNRI antidepressants or an antiepilepsy drug such as gabapentin or Lyrica. This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia; further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Lidoderm is also used off-label for diabetic neuropathy. The guidelines note the use of Lidoderm for non-neuropathic pain is not recommended. There is a lack of documentation indicating the injured worker has post-herpetic neuralgia. The injured worker's medical records lack documentation of decreased pain with the use of the medication. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. The request for refills would not be indicated as the efficacy of the medication should be assessed prior to providing additional medication. Additionally, the request does not indicate the frequency or the site of application of the medication. As such, the request for Lidocaine pad 5% qty 60 with 3 refills is not medically necessary.