

<b>Case Number:</b>	CM14-0089734		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	05/12/2005
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	06/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/13/2014

### 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 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:

According to the records made available for review, this is a 61-year-old female with a 5/12/05 date of injury. At the time (6/3/14) of decision for Lidoderm patches applied as needed, qty: 4 boxes and Urgent 4 rolls of Kinesio tape, there is documentation of subjective (lower extremity pain radiating from the mid-gastrocs distally to bilateral feet) and objective (right peroneal weakness, limited ankle range of motion, and antalgic gait) findings, current diagnoses (chronic bilateral foot pain, chronic pain syndrome, and opioid tolerance), and treatment to date (including ongoing treatment with Lidoderm patches). Regarding Lidoderm patches, there is no documentation that a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica) has failed; and of functional benefit or improvement as a reduction in work restrictions; and increase in activity tolerance; and/or a reduction in the use of medications such as Lidoderm patch use to date. Regarding Urgent 4 rolls of Kinesio tape, there is no documentation of the need for providing support and stability in movement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm Patches applied as needed, QTY: 4 boxes:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

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

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of neuropathic pain after there has been evidence that a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica) has failed, as criteria necessary to support the medical necessity of a lidocaine patch. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of chronic bilateral foot pain, chronic pain syndrome, and opioid tolerance. In addition, there is documentation of ongoing treatment with Lidoderm patches. However, there is no documentation that a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica) has failed. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; and increase in activity tolerance; and/or a reduction in the use of medications such as Lidoderm patch use to date. Therefore, based on guidelines and a review of the evidence, the request for Lidoderm patches applied as needed, qty: 4 boxes is not medically necessary.

**Urgent 4 rolls of Kinesio tape:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle and Foot, Kinesio tape (KT).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (<http://www.kinesiotaping.com/about/kinesio-taping-method>); (<http://www.expertconsultbook.com/expertconsult/ob/book.do?method=display&type=bookPage&decorator=none&eid=4-u1.0-B978-0-323-05602-1..00119-7--s0100&isbn=978-0-323-05602-1>).

**Decision rationale:** MTUS and ODG do not address this issue. Medical Treatment Guideline identifies that Kinesio taping is a definitive rehabilitative taping technique that is designed to facilitate the body's natural healing process while providing support and stability to muscles and joints without restricting the body's range of motion as well as providing extended soft tissue manipulation to prolong the benefits of manual therapy administered within the clinical setting. In addition, Medical Treatment Guideline identifies documentation of pain or abnormal feeling in skin and muscles, and the need for providing support and stability in movement, as criteria necessary to support the medical necessity of Kinesio tape. Within the medical information available for review, there is documentation of diagnoses of chronic bilateral foot pain, chronic pain syndrome, and opioid tolerance. However, despite the documentation of subjective (lower extremity pain radiating from the mid-gastrocs distally to bilateral feet) and objective (right peroneal weakness, limited ankle range of motion, and antalgic gait) findings, there is no documentation of the need for providing support and stability in movement. Therefore, based on

guidelines and a review of the evidence, the request for Urgent 4 rolls of Kinesio tape is not medically necessary.