

Case Number:	CM14-0089912		
Date Assigned:	07/23/2014	Date of Injury:	11/16/2007
Decision Date:	09/25/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 52-year-old male who reported an injury of unknown mechanism on 11/16/2007. On 05/01/2014, his diagnoses included peroneus tendonitis of the right ankle, osteoarthritis of the right foot, especially involving the great toe MP joint, with plantar fasciitis. On examination, tenderness and swelling were noted about the peroneus tendon, the mid-foot arch and plantar fascia. Motion at the great toe MP joint was painful with crepitus noted. His ankle ranges of motion measured in degrees were dorsiflexion 0/15 degrees and plantar flexion 45/50 degrees. The treatment plan included a prescription for Lidoderm patch 5%. There was no rationale or Request for Authorization included in this injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch 5% #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Compounding Medications Page(s): 71.

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

Decision rationale: The request for Lidoderm patch 5% #90 is not medically necessary. Per the California MTUS Guidelines, topical analgesics are largely experimental with few randomized

controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Lidocaine is recommended for localized peripheral pain after there has been evidence of failed trials of first line therapy including tricyclic or SNRI antidepressants or an antiepileptic drug such as gabapentin or Lyrica. The only form of FDA approved topical application of lidocaine, is the 5 percent transdermal patch for neuropathic pain. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. There was no evidence in this submitted documentation that this worker had failed trials of antidepressants or antiepileptic medications. The submitted request did not specify a body part that these patches were to be applied to nor a frequency of application. Therefore, this request for Lidoderm patch 5% #90 is not medically necessary.