

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0091758 | | |
| Date Assigned: | 07/25/2014 | Date of Injury: | 10/02/1998 |
| Decision Date: | 08/29/2014 | UR Denial Date: | 05/30/2014 |
| Priority: | Standard | Application Received: | 06/17/2014 |

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 Texas and Oklahoma. 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 67-year-old male who reported an injury on 10/02/1998 reportedly sustained injuries to his ankle while he was a facility manager at a local college. The injured worker's treatment history included MRI, medications, injections, and surgeries. The injured worker was evaluated on 05/12/2014 and it was documented the injured worker was there for a medical re-evaluation for his chronic lumbar spine and left foot and ankle pain. The injured worker reported he continued with pain to the left ankle and low back, pain increased with activity but was alleviated with rest, heat, stretching, and medications. Physical examination revealed the injured worker was wearing a compression stocking. It was noted the left ankle was mildly edematous. Medications included Norco 10/325 mg and Lidoderm 5% patches, and Flector 1.3 % transdermal patch. Diagnoses included chronic pain syndrome, joint pain in ankle and foot, and lumbar post-laminectomy syndrome. The request for authorization dated 05/19/2014 was for Lidoderm 5% patch for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% 9700mg(patch) patch QTY: 30 patch(es) Refill: 2: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California MTUS Guidelines indicate that topical lidocaine is recommended for localized peripheral pain after there has been evidence of a trial and failure of first line therapy. This is not a first line treatment and is only FDA approved for postherpetic neuralgia. It is only recommended in the form of the Lidoderm patch. The clinical documentation submitted for review failed to indicate the outcome measurements of home exercise regimen and long-term functional goals for the injured worker. The duration of use could not be established through supplied documentation. The request as submitted failed to indicate the location where patch is needed on injured worker .Given the above, the request for Lidoderm 5% 9700 (patch) qty: 30 patches with 2 refills is not medically necessary.