

Case Number:	CM14-0103317		
Date Assigned:	07/30/2014	Date of Injury:	02/26/2013
Decision Date:	01/26/2015	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	07/03/2014

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 Emergency 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 is a 50 year old male who suffered an industrial related injury on 2/26/13 after a 30 foot steel bar joist weighing 400-500 pounds fell on his lower extremities. The injured worker sustained fractures to the tibia and fibula. He underwent an open reduction internal fixation on 2/27/13. In March of 2013 a repeat surgery was performed. A physician's report dated 1/27/14 noted the injured worker had complaints of left lower extremity pain, right knee pain, and left ankle pain. The injured worker was taking MS Contin, Ibuprofen, Zoloft, Lidocaine gel, Lunesta, Zanaflex, and Roxicodone. Diagnoses were noted to be left foot pain and left knee pain. A physician's report dated 4/24/14 noted the injured worker had complaints of left ankle pain that had increased since the last visit. The physical examination revealed left sided antalgic gait, restricted right knee range of motion, tenderness to palpation over the right knee medial joint line, and mild effusion in the right knee joint. The left knee also had restricted range of motion; crepitus was noted with movement, tenderness to palpation over the medial joint line, and mild effusion. McMurray's test was positive on bilateral knees. The left ankle examination revealed swelling and restricted movements with planter flexion and dorsiflexion. Tenderness was noted over the lateral ankle into the lateral leg and anterior ankle. The physician noted a re-trial of Lidocaine 10% gel was recommended as the injured worker stated it was more effective than Voltaren gel. On 6/2/14 the utilization review (UR) physician denied the request for Lidocaine 10 % gel, applied to affected area twice a day as needed, quantity 1. The UR physician noted Lidocaine is recommended for neuropathic pain or for localized peripheral pain after there had been evidence of a trial of first line therapy. The request is not reasonable as there is no documentation of failure of first line therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine 10% Gel Plo, applied to affected area twice a day as needed, quantity: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

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

Decision rationale: The requested Lidocaine 10% Gel Plo, applied to affected area twice a day as needed, quantity: 1, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Lidoderm, pages 56-57, note that "Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica)". It is not considered first-line therapy and only FDA approved for post-herpetic neuralgia. The injured worker has left ankle pain. The treating physician has documented painful ROM with tenderness to the left ankle and left knee. The treating physician has not documented neuropathic pain symptoms, physical exam findings indicative of radiculopathy, failed first-line therapy or documented functional improvement from the previous use of this topical agent. The criteria noted above not having been met, Lidocaine 10% Gel Plo, applied to affected area twice a day as needed, quantity: 1 is not medically necessary.