

Case Number:	CM14-0182087		
Date Assigned:	11/06/2014	Date of Injury:	02/03/2011
Decision Date:	05/01/2015	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	11/03/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 (IW) is a 55-year-old male who sustained an industrial injury on 02/03/2011. He reported pain in the back, right arm, and right foot. The injured worker was diagnosed as having right foot contusion with tarsometatarsal joint arthrosis and reactive osseous changes from the contusion injuries. Treatment to date has included physical therapy, activity modification, TENS (Transcutaneous Electrical Nerve Stimulation) unit, and oral and topical medications. Currently, the injured worker complains of persistent low back pain, right arm pain, painful nodule in the right foot, and limited ability to perform his activities of daily living. The plan of care includes requests for authorization of Duloxetine 60mg, #30, Omeprazole 20mg, #60, Lidoderm Patch 1.5%, #30, Docusate 250mg, #30, and purchase of Kinesiology tape, 60ft.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Patch 1.5%, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Lidocaine Page(s): 56-57. Decision based on Non-MTUS Citation ODG.

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

Decision rationale: According to MTUS guidelines, Lidoderm #130; is the brand name for a lidocaine patch produced by [REDACTED]. 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). In this case, there is no documentation that the patient developed neuropathic pain that did not respond to first line therapy and the need for Lidoderm patch is unclear. There is no documentation of efficacy of previous use of Lidoderm patch. Therefore, the prescription of Lidoderm patches #30 is not medically necessary.

Kinesiology tape, 60ft.: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Kinesio tape (KT). <http://www.odg-twc.com/index.html>.

Decision rationale: According to ODG guidelines, Kinesio tape: Not recommended. The efficacy of kinesio tape in preventing ankle sprains is unlikely as it had no effect on muscle activation of the fibularis longus, and kinesio tape had no significant effect on mean or maximum muscle activity compared to no tape. (Briem, 2011). The patient developed right foot contusion. Based on the above ODG statement, the request for Kinesio tape is not medically necessary.