

Case Number:	CM14-0188160		
Date Assigned:	12/15/2014	Date of Injury:	05/20/2011
Decision Date:	01/15/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/12/2014

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 Family 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 49 year old male patient who sustained an injury on 5/20/2011. He sustained the injury due to a crushing injury to his left foot. The current diagnoses include CRPS (chronic regional pain syndrome), chronic pain syndrome, crush injury of left foot, foot pain and knee pain. Per the doctor's note dated 10/24/2014, he had complaints of left foot pain with sensitivity. The physical examination revealed diffuse tenderness to palpation of the left ankle/foot, range of motion deferred due to pain, allodynia in in the mid and forefoot and antalgic gait. The medications list includes lidocaine 5% patch and oxycodone/acetaminophen 10/325 mg. He has had EMG/NCS of the upper extremity on 8/29/14 with normal findings. He had undergone a compartment release surgery. He has had physical therapy visits, multiple ankle blocks and use of crutches for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

90 Lidoderm 5% patches: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed.... There is little to no research to support the use of many of these agents." According to the MTUS Chronic Pain Guidelines "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). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia." MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Response and failure of anticonvulsants and antidepressant for these symptoms are not specified in the records provided. Intolerance to oral medications for pain other than opioids is not specified in the records provided. Any evidence of post-herpetic neuralgia is not specified in the records provided. The medical necessity of 90 Lidoderm 5% patches is not fully established for this patient.