

Case Number:	CM14-0198114		
Date Assigned:	12/08/2014	Date of Injury:	11/02/2012
Decision Date:	01/22/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	11/25/2014

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 Practice 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 56 years old male patient who sustained an injury on 11/2/2012. He sustained the injury due to fall. The current diagnoses include fracture metatarsal bones, right, closed foot bone fracture not elsewhere classified, insomnia, knee pain second to patellar tendonitis, bilateral, other orbital disorders, fracture right medial wall, status post insertion of bone growth stimulator tarsal and metatarsals metatarsalgia. Per the doctor's note dated 11/11/2014, he had chronic right foot pain with tingling and numbness; bilateral knee pain. The physical examination revealed global antalgic gait, wide based gait, bilateral knee- hinged knee brace; foot- swelling, deformity, restricted range of motion, painful movement, tenderness to palpation over the proximal interphalangeal joint of 3rd toe, distal interphalangeal joint of 3rd toe, 2nd metatarsal and 3rd metatarsal, allodynia; decreased light touch sensation over 2nd toe, 3rd toe on the right side. The medications list includes pamelor, Voltaren gel, klonopin, lisinopril, metoprolol and hydrocodone-acetaminophen. He has had X-rays of right foot on 9/9/13 which revealed the 3th metatarsal head healed, osteopenia throughout the right foot from disuse, cysts in the metatarsal heads of all 1,2,3,4, healed the base of the 4th metatarsal, multiple cysts from disuse. He had undergone lumbar surgery and insertion of bone growth stimulator for tarsal and metatarsals metatarsalgia on the right side. He has had acupuncture visits and physical therapy visits for this injury. He has had urine drug screen dated 4/28/14 which was positive for Hydrocodone, Norhydrocodone, Hydromorphone and negative for pamelor; urine drug screen on 10/21/14 which was inconsistent for hydrocodone, Klonopin, Pamelor and Lorazepam.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics, Lidoderm (lidocaine patch) Page(s): 111-113 and 56-57.

Decision rationale: According to 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. Therefore, the medical necessity of Lidoderm 5% #30 is not fully established for this patient.