MAXIMUS Federal Services

Case Number:	CM14-0074145		
Date Assigned:	07/16/2014	Date of Injury:	02/03/2010
Decision Date:	02/04/2015	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	05/21/2014

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 Occupational 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:

Injured worker is a male with date of injury 2/3/2010. Per utlization review treatment appeal dated 4/29/2014, the injured worker was injured during an assault when his left knee was fractured. He continues to have chronic left lower extremity and low back pain. He notes his pain comes and goes. His pain condition continues to fluctuate throughout the month. He gets flare ups few times a month. He is able to sit up to two hours at a time but he cannot walk and stand for more than 15-20 minutes. He does his home exercises on a regular basis. He states that his medications also help to decrease some of his pain. He reports that a friend recently gave him a Lidoderm patch to try on his ankle. He felt this was really helpful for his pain and he was able to tolerate more activity while standing. He asked to have this prescribed for him. On examination the injured worker ambulates to the examination room with assistance of a cane. He has antalgic gait. He is having pain with any type of weight bearing on the left side. The spine has normal spinal curvatures without scoliosis. There was significant increase in muscle tne of the lumbar spine bilaterally. He had pain in the lower thoracic spine. He has tenderness to palpation with myofacial tightness in the thoracolumbar region. Range of motion of the lumbar spine was limited to 60 degrees of flexion. Extension was 10 degrees and painful. Lateral tilt was limited by 35% bilaterally. Range of motion of the left knee was limited to flexion 100 degrees, and painful. Extension was full. Palpation of the superior medial and lateral aspect of the knee joint was tender on the left. Range of motion of the ankle was limted by 50% on the left in terms of plantar flexion, dorsiflexion, inversion and eversion. He had pain over the Achilles tendon as well as the anterior and lateral aspect of the ankle joint. Reflexes in both knees and ankles were symmetrical. Sensory examination did not reveal any focalized deficit. Motor examination showed some decrease in strength in terms of ankle dorsiflexion, plantar flexion on th eleft compared to the right. Knee flexion and extension was also weaker on the left versus the right.

Diagnoses include 1) pain in joint lower leg 2) pain in joint ankle foot 3) pain in thoracic spine 4) unspecified major depression, recurrent episode.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Lidoderm 5% patches #60 (DOS 3/25/14): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

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

Decision rationale: Lidoderm is a lidocaine patch providing topical lidocaine. The MTUS Guidelines recommend the use of topical lidocaine primarily for neuropathic pain when trials of antidepressant and anticonvulsants have failed. This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia.The requesting physician explains that the injured worker has objective findings of decreased strength with ankle dorsiflexion, plantar flexion on the left compared to the right. Knee flexion and extension was also weaker on the left versus the right, which shows neuropathic etiology. The injured worker has previously tried Elavil, but had some side effects. He has also tried other medications, such as Flexeril for muscle spasms, but had some side effects. He has discontinued use of opioid medications due to inconsistent urine screens and continuous use of marijuana. He has been using the Lidoderm patches with benefit, and would like to minimize use of oral medications. The only oral medication he is taking is Norflex ER 100 mg as needed for spasms. The request for Retrospective request for Lidoderm 5% patches #60 (DOS 3/25/14) is determined to be medically necessary.