MAXIMUS Federal Services

Case Number:	CM15-0107285		
Date Assigned:	06/11/2015	Date of Injury:	10/01/2001
Decision Date:	07/13/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	06/03/2015

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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 is a 70 year old male, who sustained an industrial injury on 10/01/2001. He has reported subsequent left foot and ankle pain and was diagnosed with left ankle sprain/strain, degenerative joint disease and osteoarthrosis. The injured worker was also diagnosed with diabetes. Treatment to date has included oral pain medication, physical therapy and surgery. In a progress note dated 04/27/2015, the injured worker complained of left ankle pain. Objective findings were notable for pain across the left mid foot. The physician noted that recent x-rays of the left foot showed degenerative joint disease. The physician noted that the injured worker was given the option of doing a Cortisone injection, Lidocaine patches or topical NSAIDS and wished to proceed with Lidocaine patches. A request for authorization of Lidocaine 5% patches was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine 5% patches, #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medications, Pages 111- 113.

Decision rationale: The patient was authorized for #120 Percocet 10/325mg with current dispute for topical Lidocaine. Chronic symptoms and clinical findings remain unchanged. The patient exhibits diffuse tenderness and pain on the exam to the extremities of the knee and foot/ankle. The chance of any type of topical improving generalized symptoms and functionality significantly with such diffuse pain is very unlikely. Topical Lidocaine is indicated for post-herpetic neuralgia, according to the manufacturer. There is no evidence in any of the medical records that this patient has a neuropathic source for the diffuse pain. Without documentation of clear localized, peripheral pain to support treatment with Lidocaine along with functional benefit from treatment already rendered, medical necessity has not been established. There is no documentation of intolerance to oral medication as the patient is also on other oral analgesics. The Lidocaine 5% patches, #30 is not medically necessary and appropriate.