

Case Number:	CM15-0107862		
Date Assigned:	06/12/2015	Date of Injury:	12/10/2007
Decision Date:	07/16/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/04/2015

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: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 49-year-old who has filed a claim for chronic foot and ankle pain reportedly associated with an industrial injury of December 10, 2007. In a Utilization Review report dated May 26, 2015, the claims administrator failed to approve a request for Lidoderm patches with two refills. A May 18, 2015 RFA form was referenced in the determination. The applicant's attorney subsequently appealed. In an appeal letter dated May 26, 2015, the attending provider appealed previously denied medications. On January 9, 2015, the applicant reported ongoing complaints of right foot and ankle pain, 9/10 without medications versus 7/10 with medications. The applicant reported difficulty sitting, standing, and walking nevertheless. The applicant had undergone earlier neuroma excision on September 4, 2014, it was reported. The applicant described as having "chronic intractable foot and ankle pain." The applicant was asked to continue Neurontin and Lidoderm patches. The attending provider posited that the applicant would be bedridden without her medications. Permanent work restrictions, Voltaren gel, Norco, and Lidoderm patches were also endorsed while the applicant was asked to continue gabapentin. It did not appear that the applicant was working with said permanent limitations in place. On March 23, 2015, quantitative drug testing was sought. On February 13, 2015, the applicant again reported 6/10 pain with medications and 9/10 pain without medications. The applicant again reported that sitting, standing, walking, bending, lifting all remained problematic. The applicant was not working, it was reported. Multiple medications, including Neurontin, Norco, and Voltaren gel were renewed and/or continued, as were the applicant's permanent work restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patches 5%, to the right foot 1 hours on, 12 hours off, #30 with 2 refills (RFA dated 5-18-15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine; Functional Restoration Approach to Chronic Pain Management Page(s): 112; 7.

Decision rationale: No, the request for Lidoderm patches was not medically necessary, medically appropriate, or indicated here. While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical lidocaine is indicated in the treatment of localized peripheral pain or neuropathic pain in applicants in whom there has been a trial of first-line therapy with antidepressants and/or anticonvulsants, here, however, the applicant's ongoing usage of Neurontin, an anticonvulsant adjuvant medication, effectively obviated the need for the Lidoderm patches in question. It is further noted that the applicant had already used the lidoderm patches at issue for what appeared to have been a span of several months and, furthermore, had seemingly failed to profit from the same. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that an attending provider should incorporate some discussion of efficacy of medication into his choice of recommendations. Here, however, the applicant remained off of work, despite ongoing usage of Lidoderm patches. The attending provider's commentary to the fact that the applicant would be bedridden without her medications does not constitute evidence of a meaningful, material, or substantive improvement in function effected as a result of ongoing Lidoderm usage. Ongoing usage of Lidoderm patches failed to curtail the applicant's dependence on opioid agents such as Norco. Permanent work restrictions were renewed, unchanged, from visit to visit. The applicant continued to report difficulty performing activities of daily living as basic as sitting, standing, and walking, it was reported on multiple occasions in early 2015. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the Lidoderm patches in question. Therefore, the request was not medically necessary.