

Case Number:	CM15-0108657		
Date Assigned:	06/15/2015	Date of Injury:	09/24/2014
Decision Date:	07/14/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/05/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 injured worker is a 56 year old female, who sustained an industrial injury on 9/24/2014. She reported that a pallet fell onto her left foot. Diagnoses have included left forefoot crush injury, left Morton's neuroma and left second metatarsal sprain. Treatment to date has included oral and topical medication. According to the progress report dated 4/27/2015, the injured worker complained of pain in the left great toe and into the dorsum of her toe as well as the third toe with intermittent numbness. She rated her current pain as 4-5/10. She reported only being able to walk about a half a block to a maximum of two blocks before experiencing severe pain. She stated that oral medications caused stomach discomfort. The injured worker had an antalgic gait. Exam of the left foot and ankle revealed tenderness to palpation. She reported that no modified duty was available from her work place. Authorization was requested for Lido Hydrochloride.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lido Hydrochloride HCL 3% (refills) Qty: 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

Decision rationale: Lido Hydrochloride HCL 3% (refills) Qty: 2 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The documentation does not reveal extenuating factors, which would go against guideline recommendations for use of this product. The request for Lido Hydrochloride 3% is not medically necessary.