MAXIMUS Federal Services

Case Number:	CM15-0137204		
Date Assigned:	07/27/2015	Date of Injury:	02/27/2009
Decision Date:	09/22/2015	UR Denial Date:	07/10/2015
Priority:	Standard	Application Received:	07/15/2015

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: Massachusetts
Certification(s)/Specialty: Anesthesiology, Pain Management

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 an 84 year old female, who sustained an industrial injury on February 27, 2009. She reported right hip pain after an accident while working as a caretaker. The injured worker was diagnosed as having status post hip fracture, open reduction internal fixation, irritable bowel syndrome, psychological difficulties and decubitus developed during a nursing home stay for care status post hip repair. Treatment to date has included diagnostic studies, surgical intervention of the right hip, rehabilitation, Kenalog injections to the knees, conservative care, medications and activity restrictions. Currently, the injured worker complains of hip pain radiating to the knee and ankle, every day lasting from 6-8 hours. The injured worker reported an industrial injury in 2009, resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. Evaluation on April 20, 2015, revealed continued right hip pain, right knee and right ankle pain. She reported using Vicks and liniment on her hip however she reported continued pain daily lasting for several hours. She reported the physical therapy in the nursing home setting was for a non-industrial back injury that occurred while trying to get out of bed at the nursing facility. There is contradicting information on how the back injury occurred. It was also noted she fell after rising from the commode and having a syncopal episode. Evaluation on April 27, 2015, revealed continued pain as noted. Lidocaine patches #30 were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine patches #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

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

Decision rationale: Lidoderm is the brand name for a lidocaine patch produced by Endo Pharmaceuticals. 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. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-pruritics. According to the documents available for review, the injured worker has none of the aforementioned MTUS approved indications for the use of this medication. Therefore, at this time, the requirements for treatment have not been met and medical necessity has not been established.