

Case Number:	CM15-0139265		
Date Assigned:	07/29/2015	Date of Injury:	08/08/2003
Decision Date:	08/31/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/17/2015

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 54 year old female, who sustained an industrial injury on 8/8/2003. Diagnoses have included left hallux metatarsophalangeal joint synovitis, left foot drop, status post L3-4 arthrodesis and left lumbar radiculopathy. Treatment to date has included medication and an ankle foot orthotic (AFO). According to the progress report dated 6/16/2015, the injured worker complained of left foot pain. She reported having a few falls since the last visit due to instability on her feet. Physical exam revealed decreased sensation along the lateral aspect of the left foot. She was unable to ankle dorsiflex or to dorsiflex the toes. There was mild tenderness to palpation overlying the medial aspect of the hallux metatarsophalangeal joint. It was noted that the majority of her symptoms were neurologic as related to the back. Authorization was requested for Lidoderm patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patch, quantity unknown: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56, 57, 112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 'Pain (chronic) Chapter under Lidoderm (lidocaine patch).

Decision rationale: The 54 year old patient complains of pain in the left foot that seems to be radiation from the proximal aspect of the extremity distally into the foot, as per orthopedician progress report dated 06/16/15. The request is for Lidoderm 5% patch, quantity unknown. The RFA for this case is dated 06/17/15, and the patient's date of injury is 08/08/03. Diagnoses, as per progress report dated 06/17/15, included left hallux metatarsophalangeal joint synovitis, left foot drop, and left lumbar radiculopathy. The patient is status post lumbar L3-4 arthodesis. As per progress report dated 03/26/15 from the PTP, the patient rates the pain as 9/10, is status post 2 back surgeries, and also suffers from anxiety disorder and depression. Medications included Paxil, Ambien and muscle relaxers. The patient also had intense pain at the incision site of left hernia surgery and had to undergo a corrective surgery on 03/13/15. She is off work, as per the same progress report. MTUS guidelines page 57 states, "topical Novocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI anti-depressants or an AED such as pregabalin or Lyrica)." MTUS Page 112 also states, "Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain." When reading ODG guidelines, chapter 'Pain (chronic)' and topic 'Lidoderm (lidocaine patch)', it specifies that epidermal patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documenting pain and function. In this case, the Utilization Review denied the request due to lack of "documentation that the patient had any trials of first-line therapy." A prescription for Lidoderm patch is only noted in progress report dated 06/16/15. The treater states that the patient suffers from neurologic symptoms and "I would recommend trying Lidoderm patches to the foot given the neurologic component to her pain." MTUS recommends the use of this topical formulation for neuropathic pain. The request, however, does not include the quantity or duration of treatment. MTUS does not support such open-ended requests. Hence, it is not medically necessary.