

Case Number:	CM15-0182885		
Date Assigned:	09/23/2015	Date of Injury:	09/16/1991
Decision Date:	10/28/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/17/2015

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:

This is a 48 year old male with a date of injury on 9-16-1991. A review of the medical records indicates that the injured worker is undergoing treatment for tendinitis of the left ankle, degenerative disease of the left talofibular, tibiotalar, subtalar joint, myofascial pain and status post left ankle arthrotomy and synovectomy. According to the progress report dated 8-8-2015, the injured worker complained of persistent left ankle pain rated four out of ten. He described the pain as achy with burning on the lateral aspect of the left ankle. Per the treating physician (8-8-2015), the injured worker has returned to work. The physical exam (8-8-2015) revealed an antalgic gait on the left. Treatment has included surgery, home exercise program, transcutaneous electrical nerve stimulation (TENS) unit, orthopedic boots and medications. Current medications (8-8-2015) included Omeprazole, Ibuprofen and Lidoderm patches. The original Utilization Review (UR) (9-8-2015) denied a request for Lidoderm patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch 5% #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch).

Decision rationale: Topical Lidoderm patch 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 Lidoderm along with functional benefit from treatment already rendered for this 1991 chronic injury, medical necessity has not been established. There is no documentation of intolerance to oral medications. The Lidoderm patch 5% #30 is not medically necessary and appropriate.