

Case Number:	CM15-0183571		
Date Assigned:	09/24/2015	Date of Injury:	07/01/2011
Decision Date:	11/06/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	09/18/2015

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 [REDACTED] employee who has filed a claim for chronic ankle and foot pain reportedly associated with an industrial injury of July 1, 2011. In a utilization review report dated August 19, 2015, the claims administrator failed to approve a request for topical Lidoderm patches. The applicant's attorney subsequently appealed. On an RFA form dated August 14, 2015, Lidoderm patches were endorsed. On an associated progress note of April 10, 2015, the applicant was described as using marijuana, tramadol, Lidoderm patches, and Celebrex. The applicant reported ongoing complaints of foot and ankle pain. The applicant was still smoking, it was reported. It was suggested in one section of the note that the applicant was still working. The attending provider stated that the applicant had foot and ankle pain complaints attributed to venous stasis/venous varicosities. The attending provider stated that the applicant had developed intolerance to previously provided Lyrica.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Lidocaine pad 5%, day supply: 30, Qty: 30 with 3 refills (Rx Date: 08/12/15): Upheld

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction, Topical Analgesics.

Decision rationale: No, the request for topical 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 of antidepressants and/or anticonvulsants, here, however, the applicant's presentation was not, in fact, suggestive or evocative of neuropathic pain or localized peripheral pain or neuropathic pain, which, per page 3 of the MTUS Chronic Pain Medical Treatment Guidelines is characterized by symptoms such as lancinating, numbing, tingling, and/or burning sensations, i.e., sensation which were not seemingly present on the April 10, 2015 office visit referenced above. The applicant was described as having foot and ankle pain complaints attributed to venous varicosities ulcerations, worsening toward the end of the day. The applicant reported bruising and swelling about the ankles, it was stated on that date, seemingly characterized as either residuals of previously sustained calcaneal fractures or derivative issues with venous stasis dermatoses/venous varicosities. It did not appear, thus, the applicant in fact had bona fide complaints of neuropathic pain or localized peripheral pain for which provision of topical Lidoderm would have been indicated. It was further noted that no recent progress notes were attached to the August 14, 2015 RFA form. The note attached was a historical note of April 10, 2015. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and page 47 of the ACOEM Practice Guidelines further stipulate that an attending provider should incorporate some discussion of "efficacy of medication" into his choice of recommendations. Here, by definition, no discussion of medication efficacy transpired as the August 14, 2015 RFA form was not attached to any progress notes of the same date. Therefore, the request is not medically necessary.