

Case Number:	CM15-0185650		
Date Assigned:	09/25/2015	Date of Injury:	03/24/2014
Decision Date:	11/02/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	09/21/2015

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 45 year old male who sustained an industrial injury on 3-24-2014. A review of medical records indicated the injured worker is being treated for lumbar spine herniated disc, left foot high energy injury, left foot lisfranc fracture dislocation, left foot non displaced cuboid fracture, and left foot, post op open treatment of lisfranc injury reduction of joints midfoot, fusion arthrodesis left midfoot and placement of arthrex 4.0 mm cannulated screws x 3, placement of arthrex quickest bone graft into and around arthrodesis site performed 8-5-2014. Medical record dated 9-4-2015 noted low back pain that is painful with movement and pain is increased with prolonged activities. He complains of left ankle and foot pain. Pain is increased with prolonged walking and is painful with movement. Medical record dated 7-31-2015 noted pain was an 8-10 out 10 with medications and an 8-10 out 10 without medications. The pain was reported as unchanged since the last visit. Physical examination dated 9-4-2015 noted pain with flexion and extension of the lumbar spine. There was decreased sensation light touch to the right foot. There was bilateral hamstring tightness. Exam of the left foot revealed tenderness to palpation over the midfoot. Treatment has included oral medications, physical therapy and Lidoderm since at least 2-23-2015. Utilization review dated 9-10-2015 noncertified Lidoderm 5% patch daily #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patch daily #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: Chronic symptoms and clinical findings remain unchanged with medication refilled. The patient exhibits diffuse tenderness and pain on the exam to the spine and extremities. The chance of any type of topical improving generalized symptoms and functionality significantly with such diffuse pain is very unlikely. Topical Lidocaine 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 Lidocaine along with functional benefit from treatment already rendered, medical necessity has not been established. There is no documentation of intolerance to oral medication. The Lidoderm 5% patch daily #30 is not medically necessary and appropriate.