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| Case Number: | CM15-0186116 | | |
| Date Assigned: | 09/28/2015 | Date of Injury: | 12/09/2013 |
| Decision Date: | 11/03/2015 | UR Denial Date: | 08/28/2015 |
| 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 a 50 year old male who sustained an industrial injury on 12-9-2013. A review of medical records indicated the injured worker is being treated for reflex sympathetic dystrophy right ankle, neuralgia, neuritis, radiculitis, unspecified, and Mononeuritis of lower limb, unspecified. Medical records dated 8-18-2015 noted pain is located in the right ankle-foot. Pain and spasticity was constant. Pain is made worse with lifting, sitting, bending, physical activity, stress, standing, twisting, weather changes, cold, walking, and no sleep. The pain is made better with sleep, rest, medications, and changing positions. Least pain was noted as 3 out of 10, average pain was 5 out of 10, and the worst pain was a 10 out of 10. There was no change in pain or spasticity since the last visit. Physical examination dated 8-18-2015 noted he walked with a marked right limp. There was tenderness to light touch over the inner aspect of the right ankle. Treatment has included medications (Lidoderm Patches since at least 3-25-2015). Utilization review form dated 8-28-2015 noncertified Lidocaine 5%, topical analgesic, #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine 5% (700mg), Topical Analgesic, #60/30days, 2 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation ODG, Pain Chapter.

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

Decision rationale: The claimant sustained a work injury in December 2013 and continues to be treated for chronic pain including a diagnosis of right lower extremity CRPS. When seen, he was having worsening anxiety and depression. He continued to have chronic high levels of pain which was rated at 3-10/10. Physical examination findings included a body mass index over 34. He had a marked right limp. There was exquisite tenderness over the inner aspect of the right ankle with light touch. Neurology and psychology evaluations were requested. Topamax, Ambien, and Lidoderm were refilled. Topical lidocaine in a formulation that does not involve a dermal-patch system can be recommended for localized peripheral pain. Lidoderm is not a first-line treatment and is only FDA approved for postherpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. In this case, there are other topical treatments that could be considered including a non-patch formulation. Lidoderm is not considered medically necessary.