

Case Number:	CM15-0192639		
Date Assigned:	10/06/2015	Date of Injury:	05/21/2013
Decision Date:	11/20/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/30/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 59 year old female, who sustained an industrial injury on 5-21-2013. The injured worker is undergoing treatment for chronic pain syndrome, complex regional pain syndrome (CRPS), arthritis of knee, psychophysiological disorder and knee pain. Medical records dated 7-7-2015 indicate the injured worker complains of left knee pain radiating into the thigh and foot with burning, numbness and tingling. He reports he is working fulltime. Physical exam dated 7-7-2015 notes antalgic gait with forward flexed body posture, "edema noted which is +2 and pitting up to the left knee and ecchymosis noted over the lower leg of left lower extremity and range of motion (ROM): knee within normal limits except for flexion which is limited in left lower extremity." Treatment to date has included physical therapy, psychological treatment, home exercise program (HEP), ibuprofen, Tylenol, Voltaren gel, and Diclofenac cream. On 7-7-2015 the treating physician review indicates "normal" of 6-15-2015 electromyogram. The original utilization review dated 9-4-2015 indicates the request for Lidoderm 5% (700mg/patch) #15 is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% (700 mg/patch) #15: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines p112 states "Lidocaine Indication: Neuropathic pain; Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The medical records submitted for review indicate that the injured worker is currently treated with gabapentin. I respectfully disagree with the UR physician, the request is indicated for the injured worker's left lower extremity neuropathic pain. They are diagnosed with CRPS which results in hypersensitivity of the skin to stimuli, as well as cutaneous neuropathic pain, which can be treated effectively with a lidocaine patch. The request is medically necessary.