

Case Number:	CM15-0194354		
Date Assigned:	10/13/2015	Date of Injury:	07/27/2009
Decision Date:	11/24/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/02/2015

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 56 year old male who sustained an industrial injury on 7-27-09. A review of the medical records indicates he is undergoing treatment for diabetes mellitus, vitamin D deficiency, residual complex regional pain syndrome - left lower extremity, chronic pain, status post left foot, tibia-fibula fracture 2-23-12 secondary to knee locking up - status post left foot surgery with residuals, and obstructive sleep apnea with CPAP. Medical records (4-14-15 to 9-3-15) indicate ongoing complaints of low back pain radiating to the left lower extremity to the left foot and left knee pain. He rates his pain "7-9 out of 10" with use of medications and "7-10 out of 10" without medications. He reports that his pain interferes with his activities of daily living, in that it interferes with self-care and hygiene, activity, walking, hand function, sleep, and sexual activity. The physical exam (9-3-15) reveals that the lumbar spine is "moderately" limited in range of motion due to pain. Tenderness is noted on palpation of the left knee and the left foot. "Mild" swelling is noted of the left foot. The motor exam reveals "decreased strength of the extensor muscles along the L4-S1 dermatome in the left lower extremity." Allodynia and discoloration are noted in the left lower extremity. Atrophy is noted in the left foot. "Severe" left knee crepitation with painful range of motion is noted. Diagnostic studies have included x-rays of the left knee and MRIs of the left knee, left ankle, and left foot. Treatment has included physical therapy, a home exercise program, activity modification, ice, anti-inflammatory medications, analgesic medications, viscosupplementation injection to the left knee, acupuncture, and a left lumbar paravertebral sympathetic block. The injured worker is not working - he is retired. His medications include Lidocaine patch 5%, 1 patch on every 12 hours, off 12 hours, Gabapentin 600mg three times daily, and Percocet 5-325, 1-2 tablets daily for pain. The injured worker has been receiving Lidocaine patches since, at least, 4-14-15. The utilization review (9-22-15) includes a request for authorization for Lidocaine 5% patch #30. The request was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine 5% patch, qty: 30 refills: 0: Upheld

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): Lidoderm (lidocaine patch), Topical Analgesics.

Decision rationale: The patient presents with low back pain radiating to the left lower extremity, and pain in the left knee, ankle, and foot. The request is for LIDOCAINE 5% PATCH, QTY: 30 REFILLS: 0. Examination to the lumbar spine on 09/01/15 revealed limited range of motion secondary to pain. Patient's treatments have included image studies, medial branch block injection, medication, acupuncture, physical therapy and home exercise program. Per 09/15/15 Request for Authorization form, patient's diagnosis includes CRPS left lower extremity. Patient's medications, per 04/14/15 progress report include Gabapentin, Ibuprofen, Percocet, and Lidocaine Patch. Patient is permanent and stationary. MTUS Chronic Pain Medical Treatment Guidelines, pages 56 and 57, Lidoderm (Lidocaine patch) section states, "topical lidocaine may be 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)." MTUS Page 112, for Topical Analgesics, also states, "Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain." When reading ODG guidelines, chapter 'Pain (Chronic)' and topic 'Lidoderm (Lidocaine patch)', it specifies that lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documenting pain and function. In progress report dated 09/01/15, the treater states that the patient has had considerable persistent pain with negative impact on function, and has failed more conservative treatment. Review of the medical records provided indicates that the patient has been utilizing Lidoderm Patches since at least 04/14/15. However, the treater does not document any specific improvement in function or reduction in pain due to its use. MTUS guidelines, page 60 requires recording of pain and function when medications are used for chronic pain. The request does not meet guideline recommendations and therefore, IS NOT medically necessary.