

Case Number:	CM15-0199255		
Date Assigned:	10/14/2015	Date of Injury:	04/27/2006
Decision Date:	11/25/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	10/09/2015

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, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 62 year old female, who sustained an industrial injury on 4-27-2006. Medical records indicate the worker is undergoing treatment for reflex sympathetic dystrophy of the right lower extremity and joint pain in the ankle-foot. Subjective complaints, dated 7-13-2015, reported the injured worker complained of left ankle pain rated 4 out of 10 without medications. A more recent progress note dated 9-8-2015, reported the injured worker complained of right ankle pain rated 8 out of 10 with medications. Physical examination revealed moderate pain with foot-ankle range of motion (7-13-2015) and right foot-ankle pain limited flexibility and tenderness (9-8-2015). Treatment to date has included Lidoderm and Ibuprofen. On 7-14-2015, the Request for Authorization requested Lidocaine Pad 5% Day #60 Refills #4. On 9-11-2015, the Utilization Review noncertified the request for Lidocaine Pad 5% Day #60 Refills #4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine Pad 5% Day Supply :30 #60 Refills #4: 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).

Decision rationale: According to the CA MTUS Chronic Pain Medical Treatment Guidelines, page 56 and 57, regarding 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). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. In this case the exam note from 9/8/15 demonstrates there is no evidence of failure of first line medications such as gabapentin or Lyrica. Therefore the request is not medically necessary and non-certified.