MAXIMUS Federal Services

Case Number:	CM15-0203416		
Date Assigned:	10/20/2015	Date of Injury:	05/30/2012
Decision Date:	12/01/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	10/15/2015

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 57-year-old male, who sustained an industrial injury on 05-30-2012. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for tenosynovitis of the left foot and ankle. Medical records (04-10-2015 to 09-30-2015) indicate improving left foot and ankle pain. Pain levels were not rated in severity on a visual analog scale (VAS). Records did not specifically address activity levels or level of functioning. Per the treating physician's progress report (PR), the IW can work with restrictions. The physical exam, dated 09-30-2015, revealed a normal sitting and standing posture, and normal transition from sitting to standing. No abnormal findings were reported, and there were no changes from the previous exam. Relevant treatments have included: work restrictions and medications. Current medications include Lidocaine-prilocaine cream and Aleve. The IW reported that she like the patches over the cream and that it helped he fall asleep at night. The PR and request for authorization (09-30-2015) shows that the following medication was requested: Lidoderm patches 5% (12 hours on and 12 hours off). The original utilization review (10-08-2015) non-certified the request for Lidoderm patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Pacthes: 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 9/30/15 demonstrates there is no evidence of failure of first line medications such as gabapentin or Lyrica. Additionally this patient does not have a diagnosis of post-herpetic neuralgia or neuropathic pain. Therefore, the request is not medically necessary and non-certified.