

Case Number:	CM15-0219149		
Date Assigned:	11/12/2015	Date of Injury:	11/18/2010
Decision Date:	12/21/2015	UR Denial Date:	10/28/2015
Priority:	Standard	Application Received:	11/06/2015

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:

This 50 year old female sustained an industrial injury on 11-18-10. Documentation indicated that the injured worker was receiving treatment for lumbago with spondylosis and radiculitis, cervicgia with stenosis, chronic left ankle and foot pain and spiral fracture of the fifth toe. Previous treatment included right hip replacement, physical therapy, injections and medications. In a soap note dated 10-21-15, the injured worker complained of ongoing low back pain with radiation to the right hip, ongoing pain, burning and tingling in the left foot and ankle, rated 5 to 10 out of 10 on the visual analog scale. Physical exam was remarkable for tenderness to palpation to the thoracolumbar spine and lumbosacral junction with "restricted" lumbar range of motion limited by pain, positive facet loading and straight leg raise, tenderness to palpation over the left foot and ankle with mild swelling and hypersensitivity and decreased sensation to the left foot and right thigh. The physician stated that electromyography testing of the lower extremity performed on 10-21-15 showed no electrical evidence for acute lumbar radiculopathy, peripheral neuropathy or peripheral nerve entrapment. The physician stated that the injured worker had ongoing left foot hypersensitivity, paresthesia and edema as a result of right hip surgery as well as a component of sympathetic mediated pain with chronic regional pain syndrome. The injured worker received trigger point injections during the office visit. The treatment plan included left L2-3 sympathetic block and Lidocaine patches. On 10-28-15, Utilization Review noncertified a request for Lidocaine 5% patch #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine 5% patch #30: 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 10/21/15 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.