

Case Number:	CM15-0222708		
Date Assigned:	11/18/2015	Date of Injury:	01/01/2012
Decision Date:	12/30/2015	UR Denial Date:	10/29/2015
Priority:	Standard	Application Received:	11/12/2015

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 42 year old male, who sustained an industrial injury on 1-1-12. The injured worker has complaints of left ankle and left lateral leg pain and on and off right hip pain with stiffness and soreness. There is localized tenderness to palpation over the left lateral leg and localized tenderness to palpation over the lateral ligament complex. There is no laxity with Drawer test. Range of motion of the left ankle measured by goniometer is as follows flexion is 35 degrees, extension is 15 degrees, inversion is 22 degrees and eversion is 18 degrees. The right hip has localized tenderness over the greater trochanter and range of motion of the right hip is full. The diagnoses have included status post left lateral lower leg and ankle blunt trauma with resultant post-traumatic peroneal tendonitis and lateral ligamentous sprain; compensatory right hip greater trochanteric bursitis due to altered gait mechanics and limp caused by left lower extremity injury and history of blunt trauma, left knee, asymptomatic. Treatment to date has included lidoderm patch to be applied to the left lower leg-ankle. The original utilization review (10-29-15) non-certified the request for lidoderm patch 5 percent.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch 5%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch).

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 notes provided do not document that there is 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.