

Case Number:	CM15-0037248		
Date Assigned:	03/05/2015	Date of Injury:	10/15/2013
Decision Date:	04/24/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	02/27/2015

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: Maryland, District of Columbia
Certification(s)/Specialty: Internal Medicine

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 55 year old female who sustained an industrial injury on 10/15/13. The injured worker reported symptoms in the right lower extremity. The diagnoses included other disorders of bone and cartilage, Hallux valgus and disorder of bone and cartilage, unspecified. Treatments to date include injections, status post excision of tibial sesamoid right foot, and an orthotic device. In a progress note dated 2/6/15 the treating provider reports the injured worker was with "extreme pain involving the bunion area and second metatarsal."

IMR ISSUES, DECISIONS AND RATIONALES

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

Anecream (Lidocaine) 4% #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine Page(s): 112.

Decision rationale: The employee was being treated for traumatic tibial sesmoiditis. Prior treatment included injections, excision and orthotic device. The employee continued to have

ongoing pain. According to MTUS guidelines, Lidocaine is recommended topically for localized peripheral pain after there has been evidence of a trial of first line therapy agent like AED or SNRI. No other commercial formulations of lidocaine other than Lidoderm patches are indicated for neuropathic pain. Non dermal formulations are generally indicated as local anesthetics or anti pruritics. The employee had no documented neuropathic pain and hence the request for Anecream 4% is not medically necessary or appropriate.