MAXIMUS Federal Services

Case Number:	CM15-0039911		
Date Assigned:	03/10/2015	Date of Injury:	05/16/2008
Decision Date:	04/14/2015	UR Denial Date:	02/16/2015
Priority:	Standard	Application Received:	03/03/2015

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
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 female, who sustained an industrial injury on 5/16/2008. The mechanism of injury has not been provided. The injured worker was diagnosed as having right fibular fracture with operative fixation, history of right bimalleolar fracture status-post operative fixation, complex regional pain syndrome involving the right lower extremity, low back pain, thoracic spine pain, neck pain and bilateral knee pain, right greater than left. Treatment to date has included medications and modified work. Per the Primary Treating Physician's Progress Report dated 1/29/2015, the injured worker reported for follow up of her pain. Her pain rated as 9-10/10 without medication and 7/10 with medication. Objective findings are described as no significant changes. Per the Primary Treating Physician's Progress Report dated 12/18/2014 she slowly transfers to a standing position. She is ambulating with a slow gait velocity but in a grossly symmetric fashion. There is no distal extremity edema. The plan of care included refills of Naproxen sodium and Lidoderm 5% patch. Authorization was requested on 2/11/2015 for Lidoderm patch 5% #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Patch 5% #30, Refills: 2: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medications, Pages 111- 113, Postsurgical Treatment Guidelines Page(s): ODG, Pain, Lidoderm (Lidocaine patch), page 751.

Decision rationale: The patient exhibits diffuse tenderness and pain on the exam to the spine and extremities with radiating symptoms. The chance of any type of patch improving generalized symptoms and functionality significantly with such diffuse pain is very unlikely. Topical Lidoderm patch is indicated for post-herpetic neuralgia, according to the manufacturer. There is no evidence in any of the medical records that this patient has a neuropathic source for the diffuse pain. Without documentation of clear localized, peripheral pain to support treatment with Lidoderm along with functional benefit from treatment already rendered, medical necessity has not been established. There is no documentation of intolerance to oral medication as the patient is also on multiple other oral analgesics. The Lidoderm Patch 5% #30, Refills: 2 is not medically necessary and appropriate.