

Case Number:	CM15-0041297		
Date Assigned:	03/11/2015	Date of Injury:	08/31/2008
Decision Date:	04/21/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	03/04/2015

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, Hawaii
 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 70-year-old female, who sustained an industrial injury on 02/19/2015. On provider visit dated 01/09/2015 the injured worker has reported left foot pain, right shoulder pain with range of motion and left foot relief with Lidoderm patch. On examination, she was noted to have lumbar spine pain with decreased range of motion, positive straight leg raise on left and left foot spasms, burning and tingling noted. The diagnoses have included left foot neuralgia and lumbar herniated nucleus pulposus. Treatment to date has included medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch 5%, 1 box: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56, 112.

Decision rationale: The patient presents with chronic left foot pain. The current request is for Lidoderm patch 5%, 1 box. The treating physician states on 1/9/15 (B31), that the patient has

"left foot spasms, burning and tingling" which has been relieved with the Lidoderm patch. The patient's diagnosis is left foot neuralgia. MTUS guidelines state, "topical 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)." MTUS also states, "Recommended for localized peripheral pain." When reading ODG guidelines, it specifies that Lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documenting pain and function." In this case, the physician has documented neuropathic pain and the area of treatment. The current request is medically necessary and the recommendation is for authorization.