

Case Number:	CM15-0059519		
Date Assigned:	04/06/2015	Date of Injury:	02/06/2014
Decision Date:	05/07/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	03/30/2015

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: Florida

Certification(s)/Specialty: Family Practice

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 (IW) is a 48-year-old female who sustained an industrial injury on 02/06/2014. She reported pain in the left leg/foot. The injured worker was diagnosed as situation post compound fracture left tibia fibula, situation static intra medullary rodding tibia fibula, depression, and residual weakness left foot. Treatment to date has included surgery, physical therapy post- surgery and activity modification, and medication with oral medications for pain including gabapentin. Currently, the injured worker complains of burning and sensitivity on the dorsum of left foot and a shocking sensation on the left foot. The treatment plan is to request an electromyogram/nerve compression velocity of the left leg to evaluate compression neuropathy discontinue the gabopentin due to failure to respond and request a trial of Lidoderm #30 for neuropathic pain. A request for authorization is made for Lidoderm patches 1 patch 12 hrs.on, 12 hrs.off, #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patches 1 patch 12 hrs on, 12 hrs off #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 56-57, 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm
Page(s): 56-57.

Decision rationale: In accordance with California Chronic Pain MTUS guidelines, Lidoderm (topical Lidocaine) may be recommended for localized peripheral pain after there has been a trial of a first-line treatment. The MTUS guideline specifies "tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica" as first line treatments. The provided documentation does not show that this patient has tried on and failed any of these recommended first line treatments. Topical Lidoderm is not considered a first line treatment and is currently only FDA approved for the treatment of post-herpetic neuralgia. Likewise, for the aforementioned reasons, the requested Lidoderm Patches are not medically necessary.