

Case Number:	CM15-0085847		
Date Assigned:	05/07/2015	Date of Injury:	01/01/2005
Decision Date:	06/09/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	05/04/2015

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: New Jersey, New York
 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 is a 67-year-old female, who sustained an industrial injury on 01/01/2005. She reported injury to her left ankle. Treatment to date has included medications, physical therapy and aquatic therapy. According to a progress report dated 03/26/2015, the injured worker complained of bilateral knee pain. She was still awaiting recommendations regarding her left ankle. Her level of pain was rated 6-7 on a scale of 1-10. Diagnoses included left ankle sprain with likely posterior tibial tendon rupture with extensive arthritic changes of the hand and foot per an MRI dated 02/14/2013, bilateral knee sprain with severe medial compartment/osteoarthritis/patellofemoral arthralgia per MRI scan dated 12/14/2013, right sacroiliac joint sprain and lumbar spine musculoligamentous sprain/strain with left lower extremity radiculitis. Treatment plan included acupuncture for the left ankle and bilateral knees. The provider requested authorization for acupuncture, Norco, Anaprox, Zanaflex and Lidoderm patch. Currently under review is the request for a Lidoderm patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Patch 5%, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Lidoderm.

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

Decision rationale: The request is not medically necessary. According to MTUS guidelines, Lidoderm is not first line treatment and is only FDA approved for post-herpetic neuralgia. More research is needed to recommend it for chronic neuropathic pain other than post-herpetic neuralgia. However, Lidoderm is not first-line therapy and an antidepressant like a tricyclic should be used first. Therefore, the request is not medically necessary.