

Case Number:	CM15-0088097		
Date Assigned:	05/12/2015	Date of Injury:	09/14/1998
Decision Date:	06/12/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/07/2015

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, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 was a 67 year old male, who sustained an industrial injury, September 14, 1998. The injury was sustained when the injured worker was descending on a ladder when the injured worker felt a sharp pain in the right ankle. The injured worker continued to work and the right ankle began to swell. The injured worker was diagnosed with an Achilles tendon tear in the right ankle. The injured worker previously received the following treatments laboratory studies, right ankle x-rays, 2 surgeries of the right ankle, EMG/NCS (electrodiagnostic studies and nerve conduction studies) of the upper and lower extremities which noted peripheral neuropathy, series of lumbar epidural injections, independent gym membership, several anti-depressants, Omeprazole, Ondansetron, Cyclobenzaprine and Acetaminophen with Codeine. The injured worker was diagnosed with total right knee replacement, peripheral vascular disease, back and shoulder surgeries, renal failure, fibromyalgia, reflex sympathetic dystrophy, left shoulder surgery, 2 right ankle surgeries, lumbar pain implant devices, depression, diabetes mellitus, posttraumatic stress disorder from Vietnam, chronic pain disorder and obesity. According to progress note of March 18, 2015, the injured workers chief complaint was right ankle pain. The injured worker rated the pain at 8 out of 10. The injured worker walks with an abnormal gait and limp. The physical exam noted palpation paravertebral muscle tenderness with spasm. Seated nerve root test was positive. Standing flexion and extension were guarded and restricted. There was tingling and numbness in the lateral thigh, anterolateral and posterior leg as well as foot, which correlated with an L5-S1 dermatomal pattern. There was 3-4 out of 5 strength in the EHL and ankle planter flexors, L5 and S1 innervated muscles. The ankle reflexes were asymmetric.

The injured worker had a spinal cord stimulator placed for pain. The treatment plan included prescription for Lidocaine/Hyaluronic Patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine/Hyaluronic (patch) 6%, 0.2% #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation www.fda.gov/forconsumers/consumerupdates/ucm049367.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: According to MTUS guidelines, "Lidoderm is the brand name for a lidocaine patch produced by [REDACTED]. 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." In this case, there is no documentation that the patient developed neuropathic pain that did not respond to first line therapy. There is no documentation of efficacy of previous use of Lidocaine patch. Therefore, the prescription of Lidocaine/Hyaluronic (patch) 6% is not medically necessary.