

Case Number:	CM14-0148235		
Date Assigned:	09/18/2014	Date of Injury:	04/23/2009
Decision Date:	10/29/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/11/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This case involves a 55-year-old female with a date of injury of 04/23/2009. The listed diagnoses include history of ankle fracture and chronic regional pain syndrome (CRPS) and CRPS of lower extremities. According to progress report 08/05/2014, the patient continues to have left ankle pain. She states that her CRPS has spread to her right lower extremity, hips, and upper extremity. Patient reports that medications are "somewhat helpful and she is tolerating them fairly well." Her current medication regimen includes Nucynta ER 100 mg and 50 mg, lidocaine patch, Zofran, Voltaren gel. The examination of the lower extremities revealed, multi-coloration of the lower legs and ankles. There was hypersensitivity to touch of the ankles, bilateral lower extremities, and right knee. The treater is requesting a refill of Lidoderm patch 5% #30. Utilization review denied the request on 08/19/2014. Treatment reports from 03/19/2014 through 08/05/2014 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm (lidocaine patch 5%) x 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78, 82, 111-113. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines MTUS guidelines page 57 states, topical lidocaine MT.

Decision rationale: This patient presents with continued left ankle pain. The treater is requesting Lidoderm patches #30. The MTUS guidelines page 57 states, "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 Page 112 also states, "Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain." When reading Official Disability Guidelines (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 patient does not present with "localized peripheral pain." The treater appears to be prescribing the patches lower extremity pain. As such, this request is not medically necessary.