

Case Number:	CM14-0149315		
Date Assigned:	09/18/2014	Date of Injury:	03/27/2006
Decision Date:	10/31/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	09/15/2014

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 and Rehabilitation 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:

The injured worker is a 46-year-old female who reported an injury on 03/27/2006, reportedly while working for a floor company for many years. She twisted her ankle and fell. The injured worker's treatment history included 2 ankle surgeries, a hinged left ankle/foot orthosis, physical therapy, chiropractic treatments, medication management with opiates and non-opiates. The injured worker was evaluated on 06/23/2014. It was documented the injured worker complained of low back pain that felt like a burning, dull, aching sensation with numbness and cramping into her leg. Bending and lifting exacerbate her pain. The worst pain she was feeling though was in her left ankle area. Physical examination of her left ankle revealed scarring was significant in the left lateral malleolus with hyperpathia to touch in the left scar distribution. There was decreased sensation to light touch in the left calf. EHL weakness on the left side was 4/5. Positive slump testing. Medications included lidocaine ointment. Diagnoses included chronic pain syndrome status post 2 left ankle surgeries with scar tissue formation, antalgic gait with inability to dorsiflex or plantarflex the left ankle, left ankle contracture, left L4 and L5 radiculopathy. The Request for Authorization dated 08/06/2014 was for lidocaine ointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine ointment QTY: 1.00 with 4 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 57.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Lidocaine Page(s): 111-112.

Decision rationale: The CA MTUS indicates topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The California MTUS guidelines indicate that topical lidocaine (Lidoderm) 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). No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain." The provider failed to indicate the injured worker has failed antidepressants or anticonvulsants. Additionally, the request was submitted to include frequency and location where lidocaine ointment is supposed to be applied to the injured worker. As such, the request for lidocaine ointment QTY 1.00 with 4 refills is not medically necessary.