

Case Number:	CM14-0154189		
Date Assigned:	09/23/2014	Date of Injury:	12/03/2011
Decision Date:	10/24/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	09/22/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma and Texas. 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 45-year-old female who reported an injury on 12/03/2011. The injury was reported to have occurred when a pallet fell on her left foot. The diagnoses included left ankle sprain, left ankle contusion, left side plantar fasciitis, left Achilles tendonitis, and insomnia. The past treatments included acupuncture, exercise, podiatry referral, and orthotics. The progress note, dated 09/10/2014, noted the injured worker complained of continued left ankle pain, increased due to cold weather. The physical exam noted pain to the Achilles on deep palpation, pain to the plantar fascia region, especially in the calcaneus. Range of motion of the ankle was noted to be full and painless, and slight swelling and muscle atrophy was noted to the left ankle and foot. The medications included flurbiprofen/lidocaine cream and Ambien. It was also reported the injured worker had a fear of taking oral medication due to a previous side effect of bleeding related to the medication use, but stated the cream was helping. The treatment plan recommended continued use of the orthotic, flurbiprofen/lidocaine cream, home exercise program, and recommended a LenzaPatch, which contains lidocaine 4% and menthol 1%. The Request for Authorization Form was submitted for review on 09/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lenza patch (lidocaine 4% and menthol 1%) #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine patch) Page(s): 56-57.

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

Decision rationale: The request for LenzaPatch (lidocaine 4% and menthol 1%) #30 is not medically necessary. The injured worker had pain to her foot, with tenderness to palpation of the Achilles and plantar fascia. She was also noted to have a fear of taking oral medication, due to a previous side effect of bleeding. The California MTUS Guidelines recommend topical lidocaine in the form of Lidoderm patches only, for neuropathic pain, with localized peripheral pain after documented evidence of failure of first line therapy (tricyclic or SNRI antidepressants, or an AED such as gabapentin or Lyrica), and is not recommended for non-neuropathic pain. There is a lack of evidence to support the injured worker had neuropathic pain. The guidelines do not recommend the use of lidocaine in cream form for topical application. There is a lack of evidence of failure of first line therapies. The frequency and location intended for use were not provided to determine medical necessity. Given the previous, the use of the LenzaPatch is not indicated or supported at this time. Therefore, the request is not medically necessary.