

Case Number:	CM14-0168406		
Date Assigned:	10/16/2014	Date of Injury:	03/23/2013
Decision Date:	11/18/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/13/2014

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 Occupational Medicine 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 claimant was injured on 03/23/13. He was evaluated on 08/07/14. He had injured his right leg when it struck a steel bar when he was pushed by a forklift. He had reached Permanent and stationary (P&S) status. He had physical therapy and tried anti-inflammatories. His medications give him less than half decrease in pain level. He was not currently taking any medication. Physical examination revealed a scar over the junction of the gastrosoleus-lateral aspect with dimpling and tenderness about the scar area. MRI of the distal leg was normal. He had chronic pain with soft tissue trauma and was prescribed Flector patches. He was also given a brace. On 10/10/14, lidocaine patches were ordered. There are no office notes corresponding with that request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch 5% 700mg/patch apply every 12 hours/day #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 143.

Decision rationale: The history and documentation do not support the request for Lidoderm patch 5% 700mg/patch, apply every 12 hours/day, #30, with 2 refills. The MTUS state "topical agents may be recommended as an option [but are] largely experimental in use with few randomized controlled trials to determine efficacy or safety. [They are] primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004)." There is no evidence of failure of all other first line drugs such as acetaminophen, antidepressants, and anti-neuropathic agents or local modalities such as ice or heat. The claimant received Flector patches previously and his response to them is not stated. It is also not clear what additional benefit was anticipated from the use of this topical agent or why two different topical agents were prescribed over a short period of time. The medical necessity of this request for Lidoderm patch 5% 700mg/patch, apply every 12 hours/day, #30, with 2 refills has not been clearly demonstrated.