MAXIMUS Federal Services

Case Number:	CM14-0211844		
Date Assigned:	12/24/2014	Date of Injury:	05/16/2008
Decision Date:	03/04/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/17/2014

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. 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: Pennsylvania, Ohio, California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 underlying date of injury in this case is 05/16/2006. The date of the utilization review under appeal is 11/26/2014.On 11/06/2014, the patient was seen in primary treating physician followup. The patient was noted to have an apparent history of a right fibula fracture with operative fixation, history of a right bimalleolar fracture status post fixation, complex regional pain syndrome involving the right lower extremity, low back pain, thoracic spine pain, neck pain, and bilateral knee pain worse on the right than left. The patient's medications included naproxen and Lidoderm. The patient had not been able to tolerate pain medicines due to side effects and noted the patient medicine limited her ability to do her activities of daily living including self-care tasks. The patient reported the Lidoderm helped somewhat and would cut the edge off her pain and bring her pain down 1 or 2 notches. The patient denied any adverse reactions. No significant changes were noted on physical exam. The treating provider prescribed naproxen and Lidoderm.An initial physician review noted that topical lidocaine was not indicated given that there was no documentation of initial failure of first-line therapy. This review did not clearly provide a rationale for non-certification of naproxen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Patch # 30: Upheld

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

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

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines recommends lidocaine for localized peripheral pain after there has been a trial of first-line therapy such as a tricyclic or antiepileptic medication or SNRI antidepressant. It is not clear if this patient has tried first-line therapy first. Moreover, it is not clear if this patient's complex regional pain syndrome would be the criteria for localized peripheral neuropathic pain. For these reasons, this request is not supported by the treatment guidelines. Topical lidocaine is not medically necessary.

Naproxen 550mg # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiinflammatories Page(s): 22.

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines recommends lidocaine for localized peripheral pain after there has been a trial of first-line therapy such as a tricyclic or antiepileptic medication or SNRI antidepressant. It is not clear if this patient has tried first-line therapy first. Moreover, it is not clear if this patient's complex regional pain syndrome would be the criteria for localized peripheral neuropathic pain. For these reasons, this request is not supported by the treatment guidelines. Topical lidocaine is not medically necessary.