MAXIMUS Federal Services

Case Number:	CM14-0215987		
Date Assigned:	01/06/2015	Date of Injury:	02/26/2013
Decision Date:	02/28/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/23/2014

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: Texas, California
Certification(s)/Specialty: Family Practice

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 is a 50 year old male patient who sustained a work related injury on 2/26/13. Patient sustained the injury when 400-500 pound weight fell on his lower extremity. He had a fracture of his tibia and fibula. The current diagnoses include pain in left foot and knee. Per the doctor's note dated 11/10/14, patient has complaints of left ankle and left foot pain at 4/10. Physical examination of the left ankle revealed antalgic gait, limited range of motion, swelling, 4/5 strength, decreased sensation and negative Waddell's sign. The current medication lists include Lidocaine gel, Ambien, MS contin, Ibuprofen, Robaxin and Roxicodone. The patient has had X-rays on 4/29/13; X-ray of the lumbar spine that revealed prior fusion and X-ray of thoracic spine that revealed degenerative changes. The patient's surgical history includes two back surgeries at L4-5 and L5-S; ORIF of fracture of his tibia and fibula on 2/27/13 and repeat surgery in 3/2013. He has had a urine drug toxicology report on 2/21/12 and 6/14/12 that was positive for opioid. The patient has received an unspecified number of physical therapy visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine 10 percent gel QTY: 1.00: Upheld

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

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

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines regarding topical analgesics state that the use of topical analgesics is "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. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Lidocaine Indication: Neuropathic pain 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 guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Any trial of antidepressants and anticonvulsants for these symptoms were not specified in the records provided. Any intolerance or contraindication to oral medications was not specified in the records provided. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical Lidocaine is not recommended in this patient for this diagnosis. The medical necessity of the request for Lidocaine 10 percent gel QTY: 1.00 is not fully established in this patient. Therefore, this request is not medically necessary.