

Case Number:	CM15-0007512		
Date Assigned:	01/22/2015	Date of Injury:	11/25/2011
Decision Date:	03/23/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	01/13/2015

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: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 48-year-old female who reported an injury on 11/25/2011. The mechanism of injury was cumulative trauma. The documentation indicated prior therapies included medications and physical therapy, as well as pain medications. The medications included tramadol with acetaminophen 4 times a day, Lidoderm patches, gabapentin, and hydrocodone/acetaminophen. The documentation indicated the injured worker had utilized the Lidoderm patches since at least 02/2014. Surgical history was noncontributory. The documentation of 11/18/2014 revealed the injured worker was in the office for left foot evaluation and a refill of medications. The injured worker indicated she had more pain and swelling in her left foot. The medications were noted to be effective. The injured worker indicated that pain had improved 50% and functioning had improved 50% since the last office visit. Physical examination revealed the injured worker was walking slowly and limping to the left to transfer and ambulate. The injured worker could only walk with a walking boot. The diagnoses included neuralgia, neuritis, and radiculitis unspecified. There was no Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine Pad 5%, Qty 60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California Medical Treatment Utilization Schedule 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 clinical documentation submitted for review indicated the injured worker had utilized Lidoderm patches for an extended duration of time. The objective functional benefit was not provided. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. Additionally, the request as submitted failed to indicate the frequency and the body part to be treated. Given the above, the request for lidocaine pad 5%, qty 60 is not medically necessary.