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| Case Number: | CM15-0100116 | | |
| Date Assigned: | 06/02/2015 | Date of Injury: | 10/16/2007 |
| Decision Date: | 06/30/2015 | UR Denial Date: | 04/27/2015 |
| Priority: | Standard | Application Received: | 05/26/2015 |

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: New Jersey, Alabama, California

Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 64 year old female who sustained a work related injury October 16, 2007. An MRI of the left ankle, dated June 4, 2014 (report present in the medical record) revealed joint effusion of the tibiotalar joint, moderate tenosynovitis of the posterior tibialis tendon with an accessory navicular noted, mild tenosynovitis of the peroneus brevis and longus tendons, and remote sprain of the anterior talofibular ligament. According to a primary treating physician's progress report, dated September 26, 2014, the injured worker presented with complaints of left foot and ankle pain. There is a moderate limp of the left lower extremity. The handwritten notes are difficult to decipher. Diagnoses are s/p left ankle tendon repair June 24, 2010; closed fracture of one or more phalanges of the foot; calcaneal spur. Treatment plan was a request for surgery of the left ankle and foot, medication and return to work with restrictions. At issue, is a request for authorization for Lidocaine patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine patch 5% #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Lidoderm (lidocaine patch) Page(s): 56.

Decision rationale: According to MTUS guidelines, "Lidoderm is the brand name for a lidocaine patch produced by [REDACTED]. Topical lidocaine 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." In this case, there is no documentation that the patient developed neuropathic pain that did not respond to first line therapy and the need for Lidoderm patch is unclear. There is no documentation of efficacy of previous use of topical analgesics. Therefore, the prescription of Lidocaine patch 5% #30 is not medically necessary.