

Case Number:	CM15-0018860		
Date Assigned:	02/06/2015	Date of Injury:	07/01/2004
Decision Date:	03/31/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	02/02/2015

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

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 injured worker is a 64 year old male, who sustained an industrial injury on 7/1/2004. The current diagnoses are contusion to the right foot with sensory dysfunction with vasospasm and element of sympathetic dystrophy and peroneal tendonitis. Currently, the injured worker complains of deep aching right foot pain with associated numbness, tingling, and burning. Physical examination revealed tenderness along the top of the foot with pain across the anterior talofibular ligament. He has decreased sensation along the top of the foot and some swelling across the ankle joint. Current medications are Norco, Percocet, Gabapentin, Lidoderm patch 5%, Prilosec, and Protonix. Treatment to date has included medications and hot/cold wraps. The treating physician is requesting Lidocaine Pad 5% #60, which is now under review. On 12/31/2014, Utilization Review had non-certified a request for Lidocaine Pad 5% #60. The Lidocaine Pad 5% was non-certified based on no documentation that there has been failure of first line therapy. The California MTUS Chronic Pain Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine Pad 5% QTY: 60.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical lidocaine, Topical analgesic Page(s): 56-57, 111-113. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Lidoderm

Decision rationale: This patient presents with right foot pain with associated numbness and tingling. The current request is for LIDOCAINE PAD 5% QTY 60. The MTUS Guidelines page 57 states, "topical lidocaine may be recommended for localized peripheral pain after there has been evidence of trial of first-line therapy (tricyclic or SNRI antidepressants, or AED such as gabapentin or Lyrica." The MTUS page 112 also states, "recommended for localized peripheral pain." When reading ODG Guidelines, it specifies that Lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documenting the pain and function. This patient has been prescribed Lidocaine patches for the patient's foot contusion since 10/16/14. In this case, the treating physician does not document peripheral pain that is neuropathic and localized, as required by MTUS Guidelines for the use of lidocaine patches. This request IS NOT medically necessary.