MAXIMUS Federal Services

Case Number:	CM15-0122600		
Date Assigned:	07/06/2015	Date of Injury:	01/17/2007
Decision Date:	08/04/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/24/2015

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 60 year old male who sustained an industrial injury on 01/17/2007. The injured worker was diagnosed with left lower extremity post-traumatic complex regional pain syndrome I, left knee sprain/strain, and lumbar sprain/strain with radiculopathy, myofascial pain and insomnia. The injured worker has a permanent pacemaker. No surgical interventions were documented. No previous treatments or therapies were noted. According to the primary treating physician's progress report on May 28, 2015, the injured worker continues to experience left ankle pain with left lower extremity numbness with pain level currently at 6/10. The injured worker rates his pain level at more than 10/10 in severity without medications and 4/10 with medications with pain relief up to 4-5 hours. Examination demonstrated tenderness to palpation over the lumbosacral paraspinal muscles with spasm and tenderness to palpation over the left lateral ankle. The injured worker ambulates with a cane. No further objective information was documented. Current medications are listed as Norco 7.5/10mg, Gabapentin, Flexeril, Lidoderm Patches, Omeprazole and LidoPro topical cream. Treatment plan consists of continuing with home exercise program, heat and ice therapy, medication regimen and the retrospective request for Lidoderm patches (DOS: 5/28/2015).

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patches, Qty 30 with 3 refills, (retrospective DOS 5/28/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Lidoderm (lidocaine patch).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medications, Pages 111- 113.

Decision rationale: Chronic symptoms and clinical findings remain unchanged with medication refilled for this chronic injury of 2007. The patient exhibits diffuse tenderness and pain on the exam to the spine and extremities with radiating symptoms. The chance of any type of topical improving generalized symptoms and functionality significantly with such diffuse pain is very unlikely. Topical Lidocaine is indicated for post-herpetic neuralgia, according to the manufacturer. There is no evidence in any of the medical records that this patient has a neuropathic source for the diffuse pain. Without documentation of clear localized, peripheral pain to support treatment with Lidocaine along with functional benefit from treatment already rendered, medical necessity has not been established. There is no documentation of intolerance to oral medication as the patient is also on other oral analgesics. The Lidoderm 5% patches, Qty 30 with 3 refills, (retrospective DOS 5/28/15) is not medically necessary and appropriate.