

Case Number:	CM15-0178487		
Date Assigned:	09/18/2015	Date of Injury:	11/25/2014
Decision Date:	10/22/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/10/2015

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: Emergency 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 43 year old female, who sustained an industrial injury on 11-25-2014. The injured worker was diagnosed as having unspecified closed fracture of ankle. Treatment to date has included surgical fixation of fracture on 11-29-2015, physical therapy, and medications. On 7-22-2015, the injured worker complains of continued "significant" left ankle and knee pain. She "has not had any improvement". She was limited in the amount that she could walk due to pain and reported that her pain woke her up from sleeping. She reported some benefit from using Lidopro 2-3 times daily as needed. She wished to trial injections, which were documented as having been authorized. Exam noted tenderness to pressure over the medial and lateral aspects of the left ankle and positive allodynia and hyperesthesia over the left ankle, most prominent over the medial aspect of the ankle. "Significant limitation to range of motion" was noted to the left ankle in flexion, extension, eversion, and inversion. The left ankle was warmer to touch than the right, with darkish discoloration and mild swelling. The assessment noted left ankle pain status post fracture with surgical fixation, likely RSD/CRPS (reflex sympathetic dystrophy/complex regional pain syndrome), and left ankle pain. A prior progress report (5-26-2015) noted "some significant benefit from the Norco and the Lidoderm patches". The current treatment plan included continued Lidopro gel (trial 6-25-2015, per progress report). Her work status was not documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Lidopro Gel 4% #240 gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch).

Decision rationale: The requested Retrospective request for Lidopro Gel 4% #240 gm, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Lidoderm, Pages 56-57, note that "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 or Lyrica)". It is not considered first-line therapy and only FDA approved for post-herpetic neuralgia. The injured worker has continued "significant" left ankle and knee pain. She "has not had any improvement". She was limited in the amount that she could walk due to pain and reported that her pain woke her up from sleeping. She reported some benefit from using Lidopro 2-3 times daily as needed. She wished to trial injections, which were documented as having been authorized. Exam noted tenderness to pressure over the medial and lateral aspects of the left ankle and positive allodynia and hyperesthesia over the left ankle, most prominent over the medial aspect of the ankle. "Significant limitation to range of motion" was noted to the left ankle in flexion, extension, eversion, and inversion. The left ankle was warmer to touch than the right, with darkish discoloration and mild swelling. The assessment noted left ankle pain status post fracture with surgical fixation, likely RSD/CRPS (reflex sympathetic dystrophy/complex regional pain syndrome), and left ankle pain. The treating physician has not documented neuropathic pain symptoms, physical exam findings indicative of radiculopathy, failed first-line therapy or documented objective evidence of functional improvement from the previous use of this topical agent. The criteria noted above not having been met, Retrospective request for Lidopro Gel 4% #240 gm is not medically necessary.