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| Case Number: | CM15-0040623 | | |
| Date Assigned: | 03/10/2015 | Date of Injury: | 05/12/2005 |
| Decision Date: | 05/26/2015 | UR Denial Date: | 02/20/2015 |
| Priority: | Standard | Application Received: | 03/03/2015 |

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 61-year-old who has filed a claim for chronic elbow, foot, and ankle pain reportedly associated with an industrial injury of May 12, 2005. In a Utilization Review report dated February 20, 2015, the claims administrator failed to approve a request for Lidoderm patches. The claims administrator referenced an RFA form of February 13, 2015 and an associated progress note of February 5, 2015 in its determination. The applicant's attorney subsequently appealed. On November 25, 2014, the applicant reported ongoing complaints of bilateral foot and ankle pain. The applicant was using Norco and Soma for pain relief, both of which were refilled. The applicant's work status was not furnished. On February 5, 2015, the applicant again presented with bilateral ankle and bilateral lower extremity pain reportedly attributed to sural nerve neuritis and plantar fasciitis. Prolonged standing and walking were problematic. Four boxes of Lidoderm patches were endorsed. The applicant's work status was not furnished. On March 11, 2015, the attending provider again suggested that the applicant employ Lidoderm patches for sural nerve neuritis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Patch, 4 boxes: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111, 56-57, 112.

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

Decision rationale: No, the request for lidocaine patches was not medically necessary, medically appropriate, or indicated here. While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical lidocaine is indicated in the treatment of localized peripheral pain or neuropathic pain in applicants in whom there has been a trial of first-line therapy with antidepressants and/or anticonvulsants, in this case, however, there was no evidence of antidepressant adjuvant medication and/or anticonvulsant adjuvant medication failure prior to introduction, selection, and/or ongoing usage of the Lidoderm patches in question. Therefore, the request was not medically necessary.