

<b>Case Number:</b>	CM13-0001290		
<b>Date Assigned:</b>	11/08/2013	<b>Date of Injury:</b>	12/29/2011
<b>Decision Date:</b>	11/05/2014	<b>UR Denial Date:</b>	07/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/12/2013

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in Texas and Ohio. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 52-year-old male who reported an injury on 12/29/2011. The mechanism of injury involved a motor vehicle accident. The current diagnoses includes status post crush injury to the right leg, status post compartment release, delayed closure of compartment release, significant nerve injury to the common perineal nerve, right proximal fibular nonunion, mild medial compartment osteoarthritis, and exacerbation of underlying diabetes. The latest physician progress report submitted for this review is documented on 03/06/2014. Physical examination was not provided on that date. Previous conservative treatment is noted to include physical therapy and medications. Treatment recommendations at that time included a referral to a medical management specialist for the current diabetic condition. It was noted that the injured worker has reached maximum medical improvement from an orthopedic perspective. There was no Request for Authorization form submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LIDODERM PATCHES #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

**Decision rationale:** California MTUS Guidelines state lidocaine is indicated for localized peripheral pain or neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no documentation of a failure to respond to first line treatment. There is also no strength or frequency listed in the request. As such, the request is not medically necessary.