

<b>Case Number:</b>	CM13-0056165		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	10/08/2012
<b>Decision Date:</b>	05/20/2014	<b>UR Denial Date:</b>	11/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2013

### 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 and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. 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 patient is a 31 year old female who was injured on 10/08/2012. Apparently, the forklift failed to stop and pinned the right ankle and calf between the jack and a baler. She was pinned between the baler and the lift jack and she had intense pain. Diagnostic studies reviewed include EMG/NCS report dated 08/12/2013 revealed abnormal study; there is electrophysiologic evidence suggestive of right sural neuropathy. There was no evidence for lumbosacral radiculopathy, plexopathy and myopathy; normal bilateral peroneal and tibial nerves. There was no response of right sural nerves. This finding suggested possible right sural neuropathy and the EMG needle examination was normal. The progress report dated 11/21/2013 indicated the patient had a right lower leg crush injury with neuropathic pain. He reported the exacerbating factors as prolonged standing, driving, any activities; mitigating factors are sitting and pain medications. On examination, there was tenderness upon palpation of the right distal tibia anteriorly and posteriorly. The muscle girth of the quadriceps is symmetric in the lower extremities, and there was right posterior calf atrophy. There was full and painless range of motion in the left lower extremity and there was decreased range of motion in the right lower extremity. There was a scar on the distal anterior tibia. There was atrophy of the right distal tibia anteriorly and posteriorly upon deep palpation; Muscle stretch reflexes are 1 and symmetric bilaterally in the lower extremities. His muscle strength was 5/5 in the bilateral lower extremities; sensation was intact to light touch, pinprick, proprioception and vibration in the bilateral lower extremities; Heel, toe, and tandem walking were within normal limits. The patient was diagnosed with right lower extremity neuropathic pain due to crush injury and right lower extremity crush injury. It was noted that the patient's Lidoderm patch was appealed as he had been denied refills. The patient was instructed to follow-up in 4 weeks.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**LIDODERM PATCH #30, 1 REFILL:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Section Page(s): 112.

**Decision rationale:** According to the CA MTUS guidelines, Topical Analgesics section, "Lidocaine" is 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). The medical records document the patient had right lower leg crush injury the current medication include Gabapentin, lidocaine patches and ibuprofen. In the absence of documented obvious improvement on the requested medication, the request is not medically necessary according to the guidelines.