

<b>Case Number:</b>	CM13-0060732		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	09/25/2011
<b>Decision Date:</b>	04/07/2014	<b>UR Denial Date:</b>	11/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/03/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, Pain Management, and is licensed to practice in Florida. 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 physician 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 26-year-old male who sustained an unspecified injury on 09/25/2011. The patient was evaluated on 11/01/2013 for lower extremity pain. The documentation submitted for review indicated the patient had an Achilles tendon repair surgery x 2. The documentation indicated the patient developed chronic neuropathic pain syndrome. The patient additionally complained of pain in the lumbar spine and sacrum. The patient's medications were noted as gabapentin 600 mg, Ketamine 5% cream 60 g, ibuprofen 800 mg once every 12 hours, Voltaren 1% gel 3 times a day. The documentation further indicated the prescription for Lidoderm 5% patch 700 mg per patch. It is noted the patient was evaluated for a functional restoration program on 11/07/2013 which indicated the patient's medications as gabapentin 600 mg, Ketamine 5% cream, ibuprofen 800 mg twice a day, Voltaren 1% gel. There was no mention of the Lidoderm patch.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm 5% #30 with three (3) refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS, Chronic Pain Medical Treatment Guidelines (May 2009), Lidoderm.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56.

**Decision rationale:** The request for Lidoderm 5% #30 with 3 refills is non-certified. The California MTUS Guidelines recommend topical Lidocaine for localized peripheral pain after there has been evidence of a trial of a first line therapy. The documentation submitted for review indicated the patient was taking gabapentin 600 mg. Therefore, the patient had been using a first line therapy. However, the documentation submitted for review did not indicate the patient's pain level upon assessment. The documentation further indicated the patient would continue with medications as they do provide him with pain relief and improved function. The need for an additional analgesic was not indicated. Therefore, the need for the medication is unclear. Given the information submitted for review, the request for Lidoderm 5% #30 with 3 refills is non-certified.