

<b>Case Number:</b>	CM14-0147225		
<b>Date Assigned:</b>	09/15/2014	<b>Date of Injury:</b>	02/03/2011
<b>Decision Date:</b>	11/18/2014	<b>UR Denial Date:</b>	08/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2014

### 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 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 underlying date of injury in this case is February 03, 2011. The date of the utilization review is August 07, 2014. On September 24, 2014, the patient was seen in primary treating physician followup regarding the diagnosis of a right foot contusion with tarsometatarsal joint arthrosis and reactive osseous changes. The patient was noted to have a history of a right foot contusion and crush injury and right hallux injury. Knee strength had decreased with pain inhibited 3/5 weakness in the right lower extremity. The patient had a decreased degree of Tinel's along the posterior tibial nerve and medial plantar nerve and right deep peroneal nerve. The patient was felt to have potential complex regional pain syndrome. The patient's treatment plan included Lyrica, Verapamil, and lidocaine liquid. An initial physician review concluded that the records did not support an indication for verapamil and that the guidelines for topical lidocaine had not been met.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Verapamil (80mg, #30): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation website Drugs.com (<http://www.drugs.com/verapamil.html>).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA Approved Labeling Information for verapamil.

**Decision rationale:** The FDA Approved Labeling Information for verapamil supports its use for angina and ventricular arrhythmias as well as essential hypertension. The medical records do not document use of verapamil for one of these indications. It appears possible that verapamil has been recommended as off-label treatment for complex regional pain syndrome; however, the medical records do not clearly document such a decision, if that is the case, nor the rationale for this decision. At this time, the medical records do not support an indication for the request for Verapamil. This request is not medically necessary.

**Lidocaine Liquid (4%, 50cc's):** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines, states that this is recommended for localized peripheral pain after there has been evidence of trial of first-line therapy with antidepressants or an antiepileptic drug, such as gabapentin or Lyrica. A prior physician review recommended non-certification of topical lidocaine primarily given the lack of documentation of such first-line treatment. On review of the treating physician's office note of July 24, 2014, that note outlines in detail only partial relief of symptoms with Lyrica as well as the antidepressant medication duloxetine. Therefore, the patient does meet the criteria for failing first-line therapy with ongoing focal neuropathic pain. These criteria support the request for lidocaine at this time. This request is medically necessary.