

<b>Case Number:</b>	CM14-0039226		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	11/11/2008
<b>Decision Date:</b>	08/19/2014	<b>UR Denial Date:</b>	03/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 62 year old male who sustained an injury on 11/11/08 while walking. The injured worker felt a snap in the left foot and was diagnosed with a 3rd and 4th metatarsal fracture. This required upper reduction internal fixation on 06/15/09. The injured worker has been followed for chronic bilateral pain in the feet, left side worse than right. The injured worker had been followed by pain management and was being prescribed Suboxone for pain as well as Lidoderm patches for neuropathic symptoms. The injured worker was being recommended for slow tapering of Suboxone as of 03/24/14 the injured worker continued to utilize Lidoderm patches 5% once a day for neuropathic pain. Per the report, the injured worker was utilizing these Lidoderm patches infrequently typically during colder weather or for more severe burning and neuropathic pain. Follow-up on 04/02/14 did not note Lidoderm as an active medication. The injured worker did report good results with the use of Suboxone combined with Celebrex. The requested Lidoderm patches #10 were denied by utilization review on 03/31/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm Patches #10:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

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

**Decision rationale:** In review of the clinical documentation submitted, the injured worker was utilizing Lidoderm patches on a very infrequent basis to address neuropathic pain. There were no clear objective findings regarding persistent neuropathic symptoms in the bilateral feet that would have supported the continued use of Lidoderm patches. The clinical documentation also denied identifying any specific pain reduction or functional improvement obtained with the use of Lidoderm patches that would have warranted their ongoing use. Given the infrequency of use for Lidoderm patches as well as the limited documentation regarding their efficacy, this reviewer would not have recommended this request as medically necessary.