

<b>Case Number:</b>	CM14-0061043		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	10/05/2008
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	04/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2014

### 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 Family Medicine and is licensed to practice in Arizona. 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:

Patient is a 61 year old male with a date of injury on 11/5/2008. Diagnoses include ankle pain and enthesopathy of ankle and tarsus. Subjective complaints are of continued discomfort in the right foot and ankle, with intermittent burning, numbness, and tingling. The patient reported difficulty with standing and walking. Physical exam showed tenderness over the sinus tarsi, and peroneal spasm. There were normal pulses, and venous filling time was within normal limits. Medications include Fentanyl, Ketamine cream, Tramadol, Ambien, nabumetone, cyclobenzaprine, wellbutrin, and gabapentin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidopatch 1 box:** 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 LIDODERM Page(s): 56.

**Decision rationale:** CA MTUS states that topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy. Lidocaine in the form of lidoderm is only FDA approved for post-herpetic neuralgia. For this patient, records indicate

that the patient has utilized first-line therapy (gabapentin) and that lidocaine patches were efficacious for his neuropathic pain. Therefore, the request for lidocaine patches is consistent with guideline recommendations, and the medical necessity is established.