

<b>Case Number:</b>	CM14-0115614		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	08/30/2011
<b>Decision Date:</b>	01/28/2015	<b>UR Denial Date:</b>	07/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2014

### 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 Management, and is licensed to practice in Tennessee. 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:

This is a 49-year-old male with an 8/30/11 date of injury. He sustained an injury to his left ankle when he tripped over a rolling garbage can and twisted his ankle. He immediately felt a popping sensation across his left lateral ankle and left foot. In addition he experienced low back pain. According to a progress report dated 6/25/14, the patient complained of low back, left hip, left ankle and left foot pain. His pain level was unchanged but no indication of what that was. His quality of sleep was poor. He had a short leg cast to allow better healing in order to stabilize the ankle but after removal (several weeks later) the pain returned. He then had a short leg removable walker boot and he found ambulation difficult with this. Surgery was recommended but the injured worker deferred this option. His medications include Lidoderm, Percocet, Neurontin, Advil, Aleve and Tylenol. He displayed an antalgic gait and at one point used crutches to ambulate. Inspection of the lumbar spine demonstrated paravertebral muscle spasm and tenderness on the left side. Lumbar facet loading and straight leg raise test are positive on the left side. Range of motion is restricted. The left hip demonstrates restricted range of motion and tenderness over the trochanter. Sensation and motor strength are slightly decreased on the left side. Electromyography dated 4/14/14 did not reveal lumbar sacral radiculopathy in the left lower extremity. The injured worker deferred physical therapy at this time because of past minimal benefit. Diagnostic impression: lumbar radiculopathy, low back pain, hip bursitis, foot pain, and pain in lower leg. Treatments to date: medication management, physical therapy 2 years ago (the length of the physical therapy was not documented), and an exercise program. On 7/9/14 Utilization Review non-certified the request for Lidoderm patch 5% #30 based on no objective evidence to support the medical necessity as it is approved for treatment of neuropathic pain attributed to post herpetic neuralgia. The injured worker is being treated for chronic spine and ankle pain. The MTUS and FDA were referenced.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm 5% patch #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine patch).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine Patch Page(s): 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter - Lidoderm.

**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 (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica). ODG states that Lidoderm is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points. However, the guidelines state that for continued use of Lidoderm patches, the area for treatment should be designated as well as number of planned patches and duration for use (number of hours per day). The documentation provided does not include this information. In addition, there is no discussion in the reports regarding the patient failing treatment with a first-line agent such as Gabapentin. Furthermore, there is no documentation that the patient is unable to take oral medications. Therefore, the request for Lidoderm 5% patch #30 is not medically necessary.