

<b>Case Number:</b>	CM14-0189369		
<b>Date Assigned:</b>	11/20/2014	<b>Date of Injury:</b>	06/13/2013
<b>Decision Date:</b>	01/08/2015	<b>UR Denial Date:</b>	10/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2014

### 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 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:

According to the records made available for review, this is a 60-year-old male with a 6/13/13 date of injury. At the time (10/20/14) of request for authorization for Lidoderm Patch 5% #30, there is documentation of subjective (left foot and 2nd toe pain, constant numbness increased with weight bearing) and objective (left foot amputation of 1st toe, tender diffusely over foot and medial arch; lumbar spine tenderness, decreased range of motion) findings, current diagnoses (lumbar spine sprain/strain, right sacroiliac joint sprain, status post crush injury left foot with amputation of great toe), and treatment to date (activity modification and medications (including ongoing use Vicodin and Lidoderm patch)). 10/6/14 medical report identifies decrease pain from 7-8/10 to 3-4/10 with medications, and that patient is able to perform activities of daily living and has improved participation in home exercise program with medications. There is no documentation of neuropathic pain after there has been evidence that a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica) and a specific functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a specific result of Lidoderm patch use to date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56 and 57. Decision based on Non-MTUS Citation Non-MTUS Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of neuropathic pain after there has been evidence that a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica) has failed, as criteria necessary to support the medical necessity of a Lidocaine patch. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of lumbar spine sprain/strain, right sacroiliac joint sprain, status post crush injury left foot with amputation of great toe. However, there is no documentation of neuropathic pain after there has been evidence that a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). In addition, given medical records reflecting ongoing use of Lidoderm patch and despite documentation of decrease pain from 7-8/10 to 3-4/10 with medications, and that patient is able to perform activities of daily living and has improved participation in home exercise program with medications, there is no documentation of a specific functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a specific result of Lidoderm patch use to date. Therefore, based on guidelines and a review of the evidence, the request for Lidoderm Patch 5% #30 is not medically necessary.