

<b>Case Number:</b>	CM14-0190960		
<b>Date Assigned:</b>	11/24/2014	<b>Date of Injury:</b>	05/12/2005
<b>Decision Date:</b>	01/16/2015	<b>UR Denial Date:</b>	11/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2014

### 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 Practice 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 medical records the patient is a 60-year-old female who sustained an industrial injury on May 12, 2015. She is followed for chronic bilateral foot pain status post multiple surgeries. Examination narrative date October 30, 2014 notes that the patient was originally seen for problems associated with bilateral peroneal dysfunction and partial tear. She has undergone multiple surgeries. Most recently she has developed problems associated with plantar fasciitis as well as problems associated with sural nerve neuritis. The patient continues with the use of Lidoderm patches on a daily basis. Right foot examination demonstrated decreased range of motion, negative Drawer sign, decreased edema, minimal discomfort upon palpation of the medial slip of the plantar fascia. Left foot and ankle examination demonstrated remnants of mild Tinel sign with minimal radiation. Additional physical therapy was requested for the left ankle. She was written a prescription for 4 boxes of Kinesio Taping as well as new ASO brace. The patient was prescribed Lidoderm patches. Utilization review was performed on November 5, 2014 at which time the request for Lidoderm patches were noncertified. The prior peer reviewer noted that topical Lidoderm is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The medical records did not document failure of first-line therapy. The patient has submitted a letter stating that she has been using Lidoderm patches to help with her pain. She notes she has been using them for years. She also notes that she has tried antidepressants and anticonvulsants. However, she cannot take these medications because of side effects.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm Patch 4 Boxes:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Lidocaine Patch Page(s): 56.

**Decision rationale:** References state 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). In this case, the patient is followed for chronic neuropathic pain. An appeal has been submitted and the patient has indicated that she has failed antidepressants and anticonvulsants due to side effects. As such, the request for Lidoderm patches would be opined to be medically necessary to address the neuropathic pain component of this patient's chronic pain syndrome.