

<b>Case Number:</b>	CM14-0206135		
<b>Date Assigned:</b>	12/18/2014	<b>Date of Injury:</b>	05/03/2013
<b>Decision Date:</b>	02/09/2015	<b>UR Denial Date:</b>	11/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2014

### 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 Physical Medicine Rehab, has a subspecialty in Interventional Spine 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:

The patient is a 51 year old female with the injury date of 05/03/13. Per physician's report 10/09/14, the patient has pain in her left ankle and left foot at 7/10. Her left ankle gives out frequently. Walking is associated with numbness in her left foot. MRI of the left ankle from 06/26/13 shows 1) non-displaced fracture at the tip of the medial malleolus 2) sprain of the deltoid ligament involving the deep fibers of the deltoid ligament. The lists of diagnoses are: 1) Left ankle pain 2) Tibialis posterior tenosynovitis 3) Left ankle sprain 4) Deltoid ligament sprain 5) Degenerative osteoarthritis left ankle The patient was given prescription of Celebrex, Omeprazole, Lidoderm patch 5%. Per 05/30/14 progress report, the patient has bilateral foot and ankle pain, left worse than right. "The patient states that Ibuprofen does help and she has been trying to so stretching exercises and has tried not walking barefoot in the house, using athletic type shoes." The patient is able to return to modified duties. The patient had physical therapy and injections. The patient tried Lodine. The utilization review determination being challenged is dated on 11/10/14. Treatment reports were provided from 05/02/14 to 10/09/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm Patch 5% 12 hours on, 12 hours off #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 49, Chronic Pain Treatment Guidelines Lidoderm (Lidocaine Patch), and Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lidoderm

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch); Lidocaine Page(s): 56-57 and 112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Lidoderm® (lidocaine patch).

**Decision rationale:** The patient presents with pain and numbness in her left ankle and left foot. The request is for Lidoderm Patches 5% #30. MTUS guidelines page 57 states, "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)." Page 112 also states, "Lidocaine indication: neuropathic pain; recommended for localized peripheral pain." When reading ODG guidelines, it specifies that Lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documented for pain and function. There is no indication provided if the patient has utilized Lidoderm patches in the past. The patient does not present with neuropathic pain that is peripheral and localized. There is no evidence that topical lidocaine patches are helpful in tendon, ligament and muscle/joint problems. The request is not medically necessary.