

<b>Case Number:</b>	CM15-0141413		
<b>Date Assigned:</b>	07/31/2015	<b>Date of Injury:</b>	05/19/2008
<b>Decision Date:</b>	09/24/2015	<b>UR Denial Date:</b>	07/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 injured worker is a 38 year old female, who sustained an industrial injury on 05-19-2008. The injured worker is currently not working. The injured worker is currently diagnosed as having unspecified disorder of autonomic nervous system, neuralgia, painful gait, peripheral neuritis, pain in joint involving ankle and foot, and symptoms of depression. Treatment and diagnostics to date has included tibial and sympathetic blocks, which did not work, physical therapy, and medications. In a progress note dated 06-18-2015, the injured worker reported right foot pain and bilateral knee pain. The physician had noted that MRI bone scan showed mild degenerative changes without chronic osseous process, mild bilateral tibial periostitis, and increased uptake in the bilateral knees, ankles, and feet. The treating physician reported requesting authorization for Lidocaine, Hydrochloride topical gel.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidocaine Hydrochloride topical 2% gel QTY: 1.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

**Decision rationale:** The 38 year old patient complains right foot pain, altered gait, bilateral knee pain, sleep apnea, and weight gain improving, as per progress report dated 05/08/15. The request is for Lidocaine Hydrochloride Topical 2% Gel Qty: 1.00. The RFA for this case is dated 05/08/15, and the patient's date of injury is 05/19/08. Diagnoses included unspecified disorder of the autonomic nervous system; neuralgia, neuritis and radiculitis; painful gait; peripheral neuritis; pain in joint involving ankle or foot; and symptoms of depression. Medications included Celebrex, Flector patches, Lidoderm patches, Neurontin, Norco, Pristiq, and Voltaren gel. The patient is not working but is going back to school, as per the same progress report. The MTUS has the following regarding topical creams (p111, Chronic Pain guidelines, Topical Analgesics section): Lidocaine Indication: Neuropathic pain 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). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. In this case, a prescription for "Lidoderm patches 5% # 30 allows her to wear shoe OR lidocaine gel" is first noted in progress report dated 02/23/15. It is not clear when the medication was prescribed for the first time. However, based on the progress reports, it appears that the treater doesn't differentiate between Lidoderm patch or lidocaine gel. In progress reports dated 04/06/15, Lidocaine is listed as an alleviating factor for right foot pain. In progress report dated 06/18/15, the treater states that the patient suffers from neuropathic pain in the right foot and cannot stand socks or sheets at night without the application of Lidocaine. The treater also recommends "Lidoderm patch for the neuropathic component of foot pain. Is not as distracted by pain and better sleep." While the use of Lidoderm patch appears reasonable in this patient, the current request is for Lidocaine gel. Unfortunately, MTUS guidelines do not support any other formulation of Lidocaine other than the topical patch. Hence, the request IS NOT medically necessary.