

<b>Case Number:</b>	CM15-0162824		
<b>Date Assigned:</b>	08/31/2015	<b>Date of Injury:</b>	05/30/2010
<b>Decision Date:</b>	10/09/2015	<b>UR Denial Date:</b>	08/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2015

### 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: Emergency Medicine

### 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 41 year old male, who sustained an industrial injury on 5-30-2010. He reported being walking into a post at night resulting in pain in the groin and abdomen areas. The injured worker was diagnosed as having gastroesophageal reflux disease, left testicular pain, chronic left groin pain, chronic left testicular pain, probably neuropathic pain. Treatment to date has included QME (12-18-2014), medications, ultrasound, CT scan of the pelvis. The request is for Lidoderm (lidocaine patch 5%). On 1-21-2015, he was seen for pain in the left groin area. The provider noted that lidocaine patches are to be applied to the left scrotal area. He is noted to have not been seen in 6 months. He currently rates his left groin pain as 4-6 out of 10. He is reported to be going his daily activities and working full time. He is noted to have reported paresthesia's in the groin area. The treatment plan included: Ibuprofen, Gabapentin, ilioinguinal and genitofemoral nerve block, referral to general surgeon and follow up in 6-8 weeks. On 6-12-2015, he reported continued left groin and testicular pain. He rated the pain as 4-7 out of 10. He is doing his daily activities and working full time. Physical examination revealed moderate tenderness in the lower pelvic area, mild tenderness in the left groin area, and moderate tenderness in the left testicle. No swelling or redness is noted. Muscle strength is full in the bilateral lower extremities, and sensation was intact in the bilateral lower extremities. The treatment plan included: Ibuprofen, gabapentin, lidocaine patches, referral to general surgeon, left ilioinguinal and genitofemoral nerve block and follow up in 6-8 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidocaine patch 5% groin:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch).

**Decision rationale:** The requested Lidocaine patch 5% groin, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Lidoderm, Pages 56-57, note 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)". It is not considered first-line therapy and only FDA approved for post-herpetic neuralgia. The injured worker has pain in the left groin area. The provider noted that lidocaine patches are to be applied to the left scrotal area. He is noted to have not been seen in 6 months. He currently rates his left groin pain as 4-6 out of 10. He is reported to be going his daily activities and working full time. He is noted to have reported paresthesia's in the groin area. The treatment plan included: Ibuprofen, Gabapentin, ilioinguinal and genitofemoral nerve block, referral to general surgeon and follow up in 6-8 weeks. On 6-12-2015, he reported continued left groin and testicular pain. He rated the pain as 4-7 out of 10. He is doing his daily activities and working full time. Physical examination revealed moderate tenderness in the lower pelvic area, mild tenderness in the left groin area, and moderate tenderness in the left testicle. No swelling or redness is noted. Muscle strength is full in the bilateral lower extremities, and sensation was intact in the bilateral lower extremities. The treating physician has not documented neuropathic pain symptoms, physical exam findings indicative of radiculopathy, failed first-line therapy or documented objective evidence of functional improvement from the previous use of this topical agent. The criteria noted above not having been met, Lidocaine patch 5% groin is not medically necessary.