

<b>Case Number:</b>	CM15-0169617		
<b>Date Assigned:</b>	09/10/2015	<b>Date of Injury:</b>	07/13/2014
<b>Decision Date:</b>	10/07/2015	<b>UR Denial Date:</b>	08/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2015

### 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: North Carolina

Certification(s)/Specialty: Family Practice

### 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 was a 40 year old male, who sustained an industrial injury, July 13, 2014. The injured was sustained when a 2 ton forklift smashed the left foot between a rack and the forklift. The injured worker suffered several fractures of the foot. According to progress note of July 8, 2015, the injured worker's chief complaint was bilateral knee pain. The injured worker was to receive physical therapy and injections, which was pending. The L4-L5 and L5-S1 epidural injection helped the pain for about 4 hours. The physical exam noted edema to the left foot. The injured worker walked with an antalgic gait. The treating physician ordered Lidocaine 5% Patch with no explanation of why or where they were to be used. According to the progress note of August 5, 2015, the injured worker did not tolerate Lyrica. The injured worker was diagnosed with compensatory low back pain secondary to left foot injury, crush injury to the left foot and multiple toe amputations and status post left lumbar facet injection at L4-L5 and L5-S1 medical branch block on July 18, 2015. The injured worker previously received the following treatments physical therapy, home exercise program, open reduction and fixation of the right foot on July 14, 2014, orthopedic boot for the left foot, Norco, Klonidine, random toxicology laboratory studies was negative for any unexpected findings on April 11, 2015. The RFA (request for authorization) dated August 13, 2015, the following treatment was requested, a new prescription for Lidocaine 5% Patches #30. The UR (utilization review board) denied certification on August 13, 2015, for the new prescription for Lidocaine 5% Patch due to medical necessity was not established

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidocaine 5% patch #30:** 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): Topical Analgesics.

**Decision rationale:** The California chronic pain medical treatment guidelines section on topical lidocaine states: 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. Non-dermal patch formulations are generally indicated as local anesthetics and anti-pruritics. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-pruritics. In February 2007 the FDA notified consumers and healthcare professionals of the potential hazards of the use of topical lidocaine. Those at particular risk were individuals that applied large amounts of this substance over large areas, left the products on for long periods of time, or used the agent with occlusive dressings. Systemic exposure was highly variable among patients. Only FDA-approved products are currently recommended. (Argoff, 2006) (Dworkin, 2007) (Khaliq-Cochrane, 2007) (Knotkova, 2007) (Lexi-Comp, 2008) Non-neuropathic pain: Not recommended. There is only one trial that tested 4% lidocaine for treatment of chronic muscle pain. The results showed there was no superiority over placebo. (Scudds, 1995) This medication is recommended for localized peripheral pain. There is no documentation of failure of first line neuropathic pain medications. Therefore criteria as set forth by the California MTUS as outlined above have not been met and the request is not medically necessary.