

<b>Case Number:</b>	CM15-0186919		
<b>Date Assigned:</b>	09/28/2015	<b>Date of Injury:</b>	07/12/2014
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	08/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2015

### 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: Arizona, California  
 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 is a 38 year old male, who sustained an industrial injury on 7-12-2014. He reported crush injury to the right foot. Diagnoses include right heel pain, neuropathic pain right heel, possible Complex Regional Pain Syndrome (CRPS). The medical records submitted for this review did not include documentation regarding the treatments to date. Currently, he complained of no change in the right heel pain rated 8 out of 10 VAS. It was noted that Flector patches, Lidoderm patches, and Norco helped for pain for at least the previous six months. It was also noted that the Flector patches and Lidoderm patches were previously denied, and patches for a TENS unit were being requested. Medical records indicated he was working full time. On 8-15-15, the physical examination documented an antalgic right sided gait with tenderness, dysesthesia, discoloration and swelling to the right heel and ankle. The right ankle demonstrated decreased flexion with pain. The appeal requested authorization for Lidoderm 5% Patches, #30. The Utilization Review dated 8-21-15, denied this request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm 5% patches #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Pain.

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

**Decision rationale:** According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Lidocaine is 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). Lidoderm has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. In this case the claimant did not have the above diagnoses. Long-term use of topical analgesics such as Lidoderm patches are not recommended. The claimant was on multiple topicals along with Norco with steady pain scores. Pain score reduction was not noted. Use of multiple topicals is not indicated. The request for continued and long-term use of Lidoderm patches as above is not medically necessary.