

<b>Case Number:</b>	CM15-0212016		
<b>Date Assigned:</b>	10/30/2015	<b>Date of Injury:</b>	08/07/2008
<b>Decision Date:</b>	12/11/2015	<b>UR Denial Date:</b>	09/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2015

### 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: Texas, Florida, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 44 year old female, who sustained an industrial injury on August 7, 2008, incurring right leg and foot and low back injuries. She was diagnosed with lumbar degenerative disc disease, facet arthropathy, and right foot plantar fasciitis, right ankle fracture and right knee meniscal tear. She underwent surgical repair of the ankle fracture and right knee meniscal tear. Treatment included 12 visits of aquatic therapy, acupuncture, and physical therapy, topical analgesic patches and creams, pain medications, anti-inflammatory drugs, and activity restrictions. Currently, the injured worker complained of persistent aching pain in the neck and left upper back rated 7 out of 10 with stabbing pain into the left upper arm. She also complained of aching pain in the low back rated 5-6 out of 10 on a pain scale from 0 to 10. She noted low back tenderness, spasms and tightness. The pain radiated into the low back and the left buttock. She noted decreased range of motion of her back and left upper extremity. The injured worker had ongoing chronic right ankle pain and weakness with difficulty walking. The treatment plan that was requested for authorization included a prescription for Lidoderm 5% patches. On September 30, 2015, a request for a prescription for Lidoderm patches was denied by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm 5% patches:** Upheld

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

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

**Decision rationale:** Chronic Pain Medical Treatment Guidelines MTUS (Effective July 18, 2009), Page 56 of 127. This claimant was injured in 2008; there is chronic right ankle pain and weakness with difficulty walking. The request was for Lidoderm patches. Lidoderm is the brand name for a lidocaine patch produced by [REDACTED]. 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). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. It is not clear the patient had forms of neuralgia, and that other agents had been first used and exhausted. The MTUS notes that further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. The request was appropriately not medically necessary under MTUS.