

<b>Case Number:</b>	CM15-0212411		
<b>Date Assigned:</b>	11/02/2015	<b>Date of Injury:</b>	01/29/2013
<b>Decision Date:</b>	12/15/2015	<b>UR Denial Date:</b>	10/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2015

### 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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:

This is a 63-year-old female with a date of industrial injury 1-29-2013. The medical records indicated the injured worker (IW) was treated for suspected stenosing tenosynovitis, status post deep contusion to the left lower leg. In the progress notes (8-20-15), the IW reported no improvement in her symptoms in the left lower leg and noted topical Voltaren was much less effective than the compounded topical medication, which helped relieve the pain temporarily. The subjective complaints were relatively unchanged on 10-1-15. On examination (8-20-15 notes), there was continued tenderness to palpation with indentation over the discolored area of skin approximately 2 cm x 1 cm over the anterior lateral distal leg consistent with the area of contusion. There was an indentation in this area and tenderness proximal and distal to this area, primarily proximal, when end range dorsiflexed, inverted position was actively maintained. Objective findings on 10-1-15 were similar, without improvement. Treatments included range of motion exercise, deep tissue massage, topical medications and steroid injection. Lidoderm patches were prescribed during the 10-1-15 visit. There was no documentation of a trial and failure of first-line therapy with anti-depressant or anti-epileptic medications before treatment with Lidoderm patches, and there was no indication for treatment of neuropathic pain. A Request for Authorization was received for Lidoderm patch 5%, 30-box, dispense 2 boxes (3 refills). The Utilization Review on 10-21-15 non-certified the request for Lidoderm patch 5%, 30-box, dispense 2 boxes (3 refills).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm patch 5% 30/box dispense 2 boxes (3 refills): Upheld**

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

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

**Decision rationale:** The MTUS Guidelines support the use of topical lidocaine in treating localized peripheral pain if the worker has failed first line treatments. Topical lidocaine is not recommended for initial treatment of chronic neuropathic pain due to a lack of evidence of benefit demonstrated in the literature. First line treatments are described as tricyclic antidepressant, serotonin-norepinephrine reuptake inhibitor, and anti-epileptic (gabapentin or pregabalin) medications. The submitted and reviewed documentation indicated the worker was experiencing left lower leg pain. There was no discussion indicating the worker had failed first line treatments or describing special circumstances that sufficiently supported this request. Further, the large number of refills requested would not account for changes in the workers care needs. For these reasons, the current request for 60 topical lidocaine 5% patches (two boxes each with thirty patches) with three refills is not medically necessary.