

<b>Case Number:</b>	CM15-0032935		
<b>Date Assigned:</b>	02/26/2015	<b>Date of Injury:</b>	09/23/2006
<b>Decision Date:</b>	04/13/2015	<b>UR Denial Date:</b>	01/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/23/2015

### 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: Physical Medicine & Rehabilitation

### 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 40 year old male, who sustained an industrial injury on September 23, 2006. His diagnoses include insulin-dependent diabetes mellitus and history of Valley Fever, which allegedly caused the diabetes mellitus. He has been treated with lab work, diabetic education, blood glucose monitoring, and medications including pain, anti-epilepsy, and insulins. On December 19, 2014, his treating physician reports he was almost out of his insulin. He is unable to use his insulin pump because the insurance company would not pay for the needed insulin. He reports high blood sugar, polyuria, polydipsia, and polyphagia. The physical exam was unremarkable. The treatment plan includes intravenous fluids, and sliding scale and long-acting insulins. On January 28, 2015, Utilization Review non-certified a prescription for Lidoderm to affected area; remove after 12 hours #30, refill x 11, noting the lack of documentation of a diabetic neuropathy diagnosis, failed trial of oral neuropathic agents, and the outcome of Lidoderm use. The California Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm to affected are, remove after 12 hours, #30 with 11 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical lidocaine Page(s): 56-57, 112. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Lidoderm.

**Decision rationale:** The patient presents with work-related diabetes. The request is for LIDODERM TO AFFECTED AREA, REMOVE AFTER 12 HOURS, #30 WITH 11 REFILLS. Per 01/28/15 progress report, the patient is currently taking Elavil, Tenormin, Vitamin D, Klonopin, Marinol, Diflucan, Folic acid, Hydrodiuril, Insulin NPH human recomb, Insulin regular, Losartan, Niacin, Ondansetron and Oxycodone. Per the utilization review letter, the patient developed a rapid acceleration of neuropathy. Tingling in the feet, neuropathic pain due to the uncontrolled diabetes, He could not tolerate Gabapentin and Amitriptyline. Venlafaxin did not work. MTUS guidelines page 57 states, "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." MTUS Page 112 also states, "Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain." When reading ODG guidelines, it specifies that Lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documenting pain and function. In this case, the patient appears to have not tried Lidoderm patch in the past. The patient does present with diabetic neuropathy for which Lidoderm patch may be indicated if the symptoms are localized. However, the treater does not document how this topical is being used and with what efficacy. Furthermore, the request is for 11 refills. MTUS page 8 require that the treater provide periodic monitoring of the patient's progress. Page 60 require recording of pain and functional when medications are used for chronic pain. The request IS NOT medically necessary.