

<b>Case Number:</b>	CM15-0047449		
<b>Date Assigned:</b>	03/19/2015	<b>Date of Injury:</b>	06/13/2012
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/12/2015

### 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, Hawaii  
 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 50-year-old female, who sustained an industrial injury on 6/13/12. The injured worker was diagnosed as having status post left ankle fusion, osteoarthritis of unspecified ankle and compensatory low back pain, likely sciatica. Treatment to date has included left ankle surgery, activity restrictions, left ankle fusion, oral medications including opioids and physical therapy. Currently, the injured worker complains of constant pain in left ankle. On progress note dated 1/20/15, the injured worker noted she is taking medications as prescribed, however it does not seem to be helping the pain. The treatment plan consisted of continuation of medications, remaining non-weight bearing and physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pharmacy purchase of Lidocaine Pad 5% #30 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57.

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

**Decision rationale:** The patient presents with constant pain in left ankle. The current request is for Pharmacy purchase of Lidocaine Pad 5% #30 with 1 refill. The treating physician states, in a report dated 01/27/15, pt reports 7/10 pain in left foot. (14) The MTUS guidelines state: 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 and for localized peripheral neuropathic pain. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. In this case, the treating physician, based on the records available for review, has failed to document that the patient presents with neuropathic pain. The current request is not medically necessary and the recommendation is for denial.