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| <b>Case Number:</b>   | CM15-0087073 |                              |            |
| <b>Date Assigned:</b> | 05/12/2015   | <b>Date of Injury:</b>       | 08/21/2012 |
| <b>Decision Date:</b> | 06/23/2015   | <b>UR Denial Date:</b>       | 04/14/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/06/2015 |

### 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: Internal 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 32-year-old male, who sustained an industrial injury on 8/21/2012. The current diagnoses are status post second metatarsocuneiform joint arthrodesis, left foot, osteoarthritis (site unspecified), and tenosynovitis of foot and ankle. According to the progress report dated 4/2/2015, the injured worker complains of left foot pain. His pain radiates down to his second and third toes. Additionally, he reports lateral ankle pain. He denies swelling, but he is having a lot of difficulty walking. The level of pain is not rated. The physical examination reveals no swelling midfoot. There is pain at the second and third metatarsal cuneiform area. The current medications are Neurontin, Norco, and Naproxen. Treatment to date has included medication management, x-rays, computed tomography scan, physical therapy, and surgical intervention. The plan of care includes prescription for Lidocaine pad.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidocaine Pad 5%, Day Supply: 30, QTY: 30 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Compounding Medication Page(s): 71.

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

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address topical analgesics. Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Besides Lidoderm, no other commercially approved topical formulation of Lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Further research is needed to recommend topical Lidocaine for chronic neuropathic pain disorders other than post-herpetic neuralgia. Topical Lidocaine is not recommended for non-neuropathic pain. There is only one trial that tested 4% lidocaine for treatment of chronic muscle pain. The results showed there was no superiority over placebo. The progress report dated 2/19/15 documented that the patient is status post second metatarsocuneiform joint arthrodesis of the left foot. Medical records do not document a diagnosis of post-herpetic neuralgia, which is the only FDA approved indication for topical Lidocaine. The use of topical Lidocaine is not supported by MTUS guidelines. Per MTUS, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The request for topical Lidocaine is not supported by MTUS guidelines. Therefore, the request for topical Lidocaine is not medically necessary.