

<b>Case Number:</b>	CM14-0131855		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	01/13/2008
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	08/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, Pain Medicine and is licensed to practice in Texas and Oklahoma. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 46-year old female who reported an injury on 01/13/2008. Diagnoses included status post left ankle ORIF, status post left ankle and foot arthroscopic excision of bone spur, and left knee strain/patellofemoral syndrome. Past treatment included a home exercise program, orthotics and medications. Diagnostic studies included an MRI of the left foot completed on 12/14/2013, which indicated a remote complete tear of the anterior talofibular ligament. Past surgeries included left ankle tendon repair and removal of scar tissue, 02/07/2011, ORIF of the left ankle, 01/2008 and subsequent hardware removal, 03/2009. The clinical noted dated 07/18/2014 indicated the injured worker stated her left knee was asymptomatic at the time. Upon physical exam of the left knee the injured worker had full range of motion. Medications included Flexeril 5 mg and Tapazole 20 mg. The clinical note date 07/18/2014 included a prescription for lidocaine 5%. The treatment plan included Lidoderm cream 4% Menthol 1%. The physician recommended Lidoderm cream 4% Menthol 1% for the treatment of neuritis. The request for authorization form was submitted on 07/18/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm cream 4% Menthol 1% 60gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgelsics Page(s): 111-112.

**Decision rationale:** The California MTUS Guidelines indicate that topical analgesics are largely experimental with few randomized controlled trials to determine efficacy or safety, and are primarily recommended for neuropathic pain. The guidelines note any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical lidocaine in the formulation of a dermal patch, Lidoderm, has been designated for orphan status by the FDA for neuropathic pain. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is no clinical documentation to support a diagnosis of neuropathy. The clinical note dated 07/18/2014 indicated the injured worker stated her left knee was asymptomatic. The guidelines note Lidocaine in cream form is not recommended for topical application. As the guidelines note any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended, the compounded medication would not be indicated. The request also does not include location and frequency of use for the cream. Therefore the request for Lidoderm cream 4% Menthol 1% is not medically necessary.