

<b>Case Number:</b>	CM14-0148548		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	08/22/2011
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	08/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/12/2014

### 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 Occupational Medicine and is licensed to practice in California. 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:

This is a 48-year-old female with a 8/22/11 date of injury, while she was playing volleyball game and sustained a significant inversion injury to her right ankle. The patient underwent right ankle surgery on 7/8/14. The progress notes indicated that the patient was provided with Lidoderm patches on 12/17/12. The patient was seen on 8/20/14 for the follow up visit. The patient stated that her pain improved and she was non-weight bearing most of the time and was wearing the boot full time. Exam findings revealed well-healed wound, good range of motion in the ankle and approximately 2/3 normal subtalar motion. There was mild pain at full inversion. The patient was advised to continue with Motrin and Lidoderm patch and would return in 4 weeks to advance to physical therapy. The diagnosis is chronic ankle pain. Treatment to date: work restrictions, physical therapy and medications. An adverse determination was received on 8/27/14 given that the patient had no history of herpetic neuralgia.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**30 Lidoderm patches:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Topical analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Lidoderm

**Decision rationale:** CA MTUS states that 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). ODG states that Lidoderm is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points. The progress notes indicated that the patient was using Lidoderm patches at least from 12/17/12. However, there is a lack of documentation indicating any subjective or objective functional gains from the treatment. In addition, it is not clear if the patient tried and failed first-line oral therapy for peripheral pain. Therefore, the request for 30 Lidoderm patches was not medically necessary.