

<b>Case Number:</b>	CM15-0117655		
<b>Date Assigned:</b>	06/26/2015	<b>Date of Injury:</b>	11/18/2014
<b>Decision Date:</b>	08/24/2015	<b>UR Denial Date:</b>	06/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2015

### 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: New York  
 Certification(s)/Specialty: Anesthesiology

### 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 27 year old male, who sustained an industrial injury on 11/18/14. He reported hearing a tear in right ankle and immediately had pain and swelling in right ankle and foot following tripping and falling 7 feet to a concrete surface; he landed on his right foot with all of his weight. The injured worker was diagnosed as having right knee internal derangement, right ankle internal derangement, anxiety, stress, depression and insomnia. Treatment to date has included physical therapy, activity restrictions, home exercise program, Naproxen Sodium, Cyclobenzaprine and Lidoderm topical patches. (MRI) magnetic resonance imaging of right ankle performed on 1/27/15 revealed high grade sprain and at least partial tear of the anterior talofibular ligament. Currently, the injured worker complains of occasional right knee pain rated 5/10, constant right knee pain rated 8/10, stress, anxiety, insomnia and depression. He noted pain level without medications is 10/10 and patches help decrease pain and oral medications allow him to walk and stand longer. Physical exam of right knee noted a positive patellar grind and physical exam of right ankle revealed restricted range of motion and tenderness over the right lateral ankle. The treatment plan included prescriptions for Cyclobenzaprine 20mg, Naproxen Sodium 550mg and Lidoderm 5% patches; request for authorization for podiatry consult, physical therapy regimen 8 visits and continuation of home exercise program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm 5% patches, Qty 30: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine patch), Topical analgesics Page(s): 56, 111-113.

**Decision rationale:** According to the California MTUS Guidelines, topical analgesics, such as Lidoderm patches, are primarily recommended for neuropathic pain when trials of anti-depressants and anti-convulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control, for example, NSAIDs, opioids, or antidepressants. Lidoderm is the brand name for a lidocaine patch. Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI anti-depressants, or an AED, such as gabapentin or Lyrica). Lidoderm patches are not a first-line treatment and are only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. In addition, this medication is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points. In this case, medical necessity of the requested item has not been established. Medical necessity for the requested topical analgesic has not been established. The requested Lidoderm patches are not medically necessary.