

<b>Case Number:</b>	CM15-0074085		
<b>Date Assigned:</b>	04/24/2015	<b>Date of Injury:</b>	07/12/2014
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	03/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/17/2015

### 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 Jersey

Certification(s)/Specialty: Family Practice

### 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 37-year-old male, with a reported date of injury of 07/12/2014. The diagnoses include right heel pain, neuropathic pain in the right heel, and possible complex regional pain syndrome. Treatments to date have included hydrocodone, a walker boot, and Percocet. The progress report dated 03/05/2015 indicates that the injured worker had persistent right heel pain, which was rated 8-9 out of 10. He worked full-time, and his pain was worse at the end of the day; however, rest, medications, and elevation helped with pain. The objective findings include an antalgic gait, tenderness in the right heel, increased pain and discomfort with right ankle inversion and eversion, swelling and discoloration at the medial ankle and heel, and abnormal sensation to light touch on the medial aspect of the right ankle and heel. The treating physician requested Lidocaine gel 2%, with three refills for neuropathic pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidocaine Gel 2%, #1 tube with 3 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Lidocaine Page(s): 112.

**Decision rationale:** The MTUS Guidelines for Chronic Pain state that topical lidocaine is not a first-line therapy for chronic pain, but may be recommended for localized peripheral neuropathic pain after there has been evidence of a trial of first-line therapy (including tri-cyclic, SNRI antidepressants, or an AED such as gabapentin or Lyrica). Topical lidocaine is not recommended for non-neuropathic pain as studies showed no superiority over placebo. In the case of this worker, there was documentation suggestive of neuropathic pain (numbness reported with decreased sensation on physical examination). There was also a record of the worker using gabapentin for this. However, there was insufficient reporting found in the documentation of how effective gabapentin was on the neuropathy and pain. Without a more clear assessment of gabapentin to show lack of benefit, consideration of topical lidocaine cannot be entertained yet. Therefore, the lidocaine will not be considered medically necessary until this is provided for review.