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| <b>Case Number:</b>   | CM15-0098670 |                              |            |
| <b>Date Assigned:</b> | 06/01/2015   | <b>Date of Injury:</b>       | 02/27/2013 |
| <b>Decision Date:</b> | 07/02/2015   | <b>UR Denial Date:</b>       | 04/21/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/22/2015 |

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 40 year old who has filed a claim for chronic foot and ankle pain reportedly associated with an industrial injury of February 27, 2013. In a Utilization Review report dated April 21, 2015, the claims administrator failed to approve a request for Lidoderm patches apparently prescribed and/or dispensed on or around April 8, 2015. The claims administrator did, however, apparently approve prescriptions for Percocet and Cymbalta prescribed on the same date. The applicant's attorney subsequently appealed. In a progress note dated November 5, 2014, the applicant reported ongoing complaints of foot and ankle pain status post an earlier crush contusion injury of February 27, 2013. The applicant had undergone earlier foot and ankle surgery on September 19, 2013. The applicant developed issues with reflex sympathetic dystrophy, it was reported. The applicant's medications included Motrin, Lidoderm patches, Percocet, and Neurontin. An ankle brace was endorsed. The applicant's work status was not detailed, although it did not appear that the applicant was working. On April 8, 2015, the applicant reported unchanged, 8/10 pain complaints. Any activities resulted in heightened pain complaints, it was reported. The applicant was using Motrin, Lidoderm, Percocet, and Neurontin, it was noted, several of which were refilled. The note was quite difficult to follow as it mingled historical issues with current issues. It was stated that the applicant was not a candidate for surgical intervention. It was suggested (but not clearly stated) that the applicant was working on this date. On March 11, 2015, the applicant again reported unchanged, 8/10 pain complaints. This particular note was essentially identical to the subsequent note dated April 8, 2015. Once again, it was stated that the applicant was using Motrin, Lidoderm, Percocet, and Neurontin, several of which were refilled.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm patch 5%, #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56-57.

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

**Decision rationale:** No, the request for topical Lidoderm patches was not medically necessary, medically appropriate, or indicated here. While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical lidocaine is indicated in the treatment of localized peripheral pain or neuropathic pain in applicants in whom there has been a trial of first-line therapy with antidepressants and/or anticonvulsants, here, however, the applicant's ongoing usage of Cymbalta, an antidepressant adjuvant medication, effectively obviated the need for the Lidoderm patches at issue. Therefore, the request was not medically necessary.