

# True Resolutions Inc.

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

### DATE NOTICE SENT TO ALL PARTIES:

Jul/18/2013

### IRO CASE #:

### DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lidoderm 5% Lidocain 700mg/patch, one patch to skin once a day, 12 hours on, 12 hours off, #30, one refill

### A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

Board Certified Orthopedic Surgeon (Joint)

### REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

**Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute.**

### INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines

Clinical notes dated 07/06/12 – 05/22/13

Previous prospective review response dated 07/03/13

Therapy note dated 10/31/12

Previous utilization reviews dated 05/17/13, 06/18/13, 05/22/13, 06/17/13, & 06/25/13

### PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female who reported an injury regarding her left ankle. The clinical note dated 07/06/12 details the patient stating that the initial injury occurred when she slipped on some ice resulting in a twisted left ankle. The patient reported constant left ankle pain that was rated as 6/10 at that time. The patient was also noted to have right knee and low back pain as well. Upon exam, the patient was noted to have an antalgic gait secondary to the left ankle pain. The patient did report a decrease in pain in comparison to the initial injury date. The patient did report numbness and tingling throughout the left ankle. The clinical note dated 04/11/13 details the patient continuing with left ankle pain. The patient described the pain as a burning, sharp, tingling, and numbing sensation. The patient rated her pain as 8-9/10. The patient stated that her low back and left ankle pain were affecting her sleep. Upon exam, pain was elicited with both eversion and inversion of the left foot. Pain was elicited upon palpation over the subtalar region of the left foot. The clinical note dated 05/08/13 details the patient utilizing Celebrex, Flexeril, and Ibuprofen for ongoing pain relief. The patient rated her pain as 8/10. The patient was noted to continue with an antalgic gait and

was utilizing an ambulatory assistant device. Pain was elicited with palpation over the lateral and medial portion of the ankle. Pain was increased with range of motion testing. Guarding was noted with all motions. The patient was noted to be utilizing a brace to increase her stability. The clinical note dated 05/22/13 details the patient rating her pain as 6/10. The patient continued with complaints of instability when ambulating. The patient was noted to have a positive anterior Drawer sign.

The previous utilization review dated 06/17/13 resulted in a denial for the requested Lidoderm/Lidocaine patches secondary to no information being provided for previous first line neuropathic medications. Additionally, no information was submitted confirming the patient's neuropathic related pain.

The utilization review dated 06/25/13 resulted in a denial for the use of Lidoderm/Lidocaine patches secondary to no information being provided for neuropathic related pain as well as no trial of a first line neuropathic related medication.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:**

The documentation submitted for review elaborates the patient complaining of significant left ankle pain secondary to a twisting injury. The use of Lidoderm patches would be indicated provided the patient meets specific criteria to include evidence of localized pain consistent with neuropathic ideology and evidence of a previous trial of first line neuropathic medications is noted. No information was submitted regarding the patient's specific neuropathic related pain. Additionally, no information was provided regarding the patient's previous trials of tricyclic medications or SNRIs or AEDs. Given that no information was submitted regarding the patient's significant clinical findings indicating neuropathic related pain and taking into account that no information was submitted regarding the patient's previous trials of tricyclic medications, SNRIs, or AEDs, this request is not indicated as medically necessary. As such, it is the opinion of this reviewer that the request for Lidoderm 5%, Lidocaine 700mg. patch with 1 patch to the skin once a day, 12 hours on, 12 hours off, #30 with 1 refill is recommended as not medically necessary.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

**MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**

**ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**