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| <b>Case Number:</b>   | CM13-0008386 |                              |            |
| <b>Date Assigned:</b> | 09/10/2013   | <b>Date of Injury:</b>       | 10/08/2003 |
| <b>Decision Date:</b> | 06/10/2014   | <b>UR Denial Date:</b>       | 07/18/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/06/2013 |

### 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 Anesthesiology, has a subspecialty in Pain Management 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:

The patient is an employee of [REDACTED] and has submitted a claim for cervical and lumbar degenerative and disc disease, lateral epicondylitis status post surgery for right de Quervain's tenosynovitis, left carpal tunnel syndrome, rotator cuff tendinitis R>L associated with an industrial injury on October 8, 2003. Treatment to date includes oral and topical analgesics, acupuncture, functional restoration program, surgery for right de Quervain's tenosynovitis. Utilization review dated July 18, 2013 modified request for Lidoderm patches 5% quantity 240 to 90 due to no documentation of trial of first-line therapy with tricyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica and it is not indicated for post herpetic neuralgia. Medical records from 2013 were reviewed and showed persistent neck and lower back pain. Pain increases with exercise and increasing activities. The pain averages 5 to 6/10 with occasional radiation of the pain to her left arm. The low back pain is constant burning and sharp with radiation down to her legs averaging 4-5/10. She reports occasional numbness and tingling in her left toes. Objective findings include mild tenderness at the cervical paraspinal muscles while moderate tenderness at the lumbar paraspinal muscles and along the facet joints. DTRs were 1+ and symmetric at the knees; 1+ at the left ankle; and trace at the right ankle. Motor strength is 5/5 but there is decreased sensation at L4, L5 and S1 level dermatomal distribution on the left. She had limited range of motion in all directions. There is mild tenderness at the bilateral lateral epicondyles, more on the left, increased with resisted wrist extension. Phalen's testing was positive. Strength is decreased with pain in the rotator cuff muscles right more on the right. ROM was limited in all directions, but mainly to extension and lateral bending. Medications include Lidoderm patches 5% for the low back pain, Robaxin, tramadol, Celebrex taken as far back as July 10, 2013. The patient was unable to tolerate NSAID due to erosive esophagitis. Duration and frequency of intake of medications were not specified.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**LIDODERM PATCHES 5% QUANTITY: 240.00:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines, Lidoderm is 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). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. In this case, the patient suffers from chronic pain. The patient was not documented to have taken and failed first-line medications for neuropathic pain such as Gabapentin. There is no discussion concerning the need for variance from the MTUS guidelines. Therefore, the request for Lidoderm 5% #240 is not medically necessary and appropriate.