

<b>Case Number:</b>	CM13-0027511		
<b>Date Assigned:</b>	11/22/2013	<b>Date of Injury:</b>	10/30/2001
<b>Decision Date:</b>	04/17/2014	<b>UR Denial Date:</b>	09/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2013

### 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 Physical Medicine and Rehabilitation and Pain Medicine, and is licensed to practice in Texas and Ohio. 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 a 48-year-old female who reported an injury on 10/30/2001. The mechanism of injury was noted to be the patient tripped over a box on the floor, broke her fall, and twisted her low back. The patient had an L4-5 and L5-S1 fusion on 11/12/2002 with a revision surgery on 08/04/2005 and a revision surgery on 01/25/2009 with a removal of the posterior instrumentation bilaterally on 04/01/2013. The patient's diagnosis as of 08/09/2013 was lumbar post-laminectomy syndrome. The patient's medication history included Xanax, Avinza, and Soma as of 2012 and as of early 2013, Lidoderm and Zoloft were added. The documentation indicated the patient's medications provided her with pain relief and preservation of functional capacity. The patient was in the office for medication refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PRESCRIPTION OF LIDODERM 5% (700MG/PATCH) ADHESIVE PATCH, 2 TRANSDERMAL PATCH ONCE A DAY FOR 30 DAYS, DISPENSE 60 TRANSDERMAL PATCH:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) OFFICIAL DISABILITY GUIDELINES- TREATMENT FOR WORKERS' COMPENSATION (TWC) - CRITERIA FOR USE OF LIDODERM PATCHES.

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

**Decision rationale:** California MTUS guidelines indicate that topical lidocaine (Lidoderm) may be 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. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The clinical documentation submitted for review failed to indicate the patient had a trial and failure of first line therapy. The patient was noted to be on the medication since 2013. There was a lack of documentation of objective functional benefit and an objective decrease in the VAS score. Given the above, the request for prescription of Lidoderm 5% (700mg/Patch) adhesive patch, 2 transdermal patch once a day for 30 days, dispense 60 transdermal patch is not medically necessary.