

<b>Case Number:</b>	CM13-0033184		
<b>Date Assigned:</b>	12/06/2013	<b>Date of Injury:</b>	02/24/2006
<b>Decision Date:</b>	02/13/2014	<b>UR Denial Date:</b>	09/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 physician 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 with a date of birth [REDACTED] had an injury while working at a college on February 24, 2006. She had treatment for this injury which included status post disc replacement at L3-4 and anterior interbody fusion at L4-5. She continues to have lumbar pain and thoracic spine pain L3-L4, and anterior inter body fusion, L4-L5. 2) Thoracolumbar strain with regional Myofascial pain syndrome. 3) Severe deconditioning. 4) Probable reactive depression, secondary to chronic pain. Lumbar spine CT on 02/19/09 showed 2 mm disc protrusion centrally at L5-S 1 and calcified annulus. No central canal stenosis or free fragments identified. L3 and L4 and L4-L5 discectomy with her grafts in normal position. Mild bilateral facet arthropathy noted at both levels. No hardware failure identified. MRI of thoracic spine on 10/07/08 showed moderately advanced degenerative changes present at T10-T11. She has been diagnosed with thoracic radiculitis. An MRI of the spine dated 12/06/11 was normal, no evidence of thoracic herniated nucleus pulposus (HNP). She completed the [REDACTED] medication optimization program to decrease her opiates and antidepressants. Per 10/22/13 physician office note: she continues to have intense pain in the thoracic spine with radiation into left rib cage area. Regarding her pain meds, she takes Ultracet bid. She is still using Lidoderm patches daily (1/2 patch at her upper trapezius, and 1/2 patch at her thoracic region), voltaren gel (for the knee). They do help with decreasing pain, Given lidoderm patch has been denied, she is paying for it out of pocket. 10/22/13 physical exam findings reveal: female in no acute distress with moderate trigger point in the left thoracic paraspinals with associated taut muscle bands. Palpation here does reproduce her symptoms partially. The provider documents "Pain overall stable now". She has minor aches at her left wrist and knee. Pain mostly at her thoracic back that feels neuropathic in quality." The progress noted d

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm 5% #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Lidoderm Patch

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Lidoderm Patch

**Decision rationale:** Lidoderm 5% #30 (9/16/13) is not medically necessary per MTUS and ODG guidelines. Documentation submitted do not reveal physical exam or patient history findings consistent with neuropathic pain. Per MTUS and ODG guidelines, "Topical lidocaine, in the formulation of a dermal patch (Lidoderm®) has been designated for orphan status by the FDA for neuropathic pain. Request written 9/16/13 for Lidoderm Patch indicates it is for lumbago. Per 10/22/13 patient has been applying this to her thoracic region and upper trapezius. She was diagnosed with thoracic and lumbar sprain with myofascial pain syndrome. Without patient recent history or physical exam findings suggestive of neuropathic pain Lidoderm patch is not medically necessary.