

<b>Case Number:</b>	CM13-0036180		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	01/02/1998
<b>Decision Date:</b>	02/20/2014	<b>UR Denial Date:</b>	09/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/18/2013

### 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 Pain Management, has a subspecialty in Disability Evaluation and is licensed to practice in California, Florida, Maryland and Washington, DC. 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 is 63 year old female who was injured in January 1998, while she was lifting boxes of files most of the day for approximately two weeks. She opened file cabinets repeatedly throughout the day to lift files, carry them to her desk and filed them into boxes. She did this for about two weeks. She felt back pain and requested a specialist, but she was treated initially in [REDACTED] by a doctor whose name she does not recall. She was denied an orthopedic consultation. She then retained an attorney and was referred to [REDACTED] office. She was sent to physical therapy and underwent her initial low back surgery. In December 1998, she may have received epidural injections. She was sent to therapy following surgery and returned to work in 1999. Following surgery, the patient was treated at [REDACTED] office. She was able to continue working but by 2003 she needed surgery. She had injections and a discogram performed, and then underwent her second surgery in 2003. She was able to return to work following the surgery. She was prescribed medication which controlled her pain, and she continued working. She never was pain free and had to stop working due to back pain. [REDACTED] began treating the patient, and she has continued with him for the last few years. [REDACTED] ordered an MRI scan of the low back and recommended a spinal surgery evaluation. He ordered x-rays that show a pin or screw has come loose from her first fusion surgery in 1998, L3-4 surgery performed by [REDACTED]. The patient has undergone an L1-L2 and L2-L3 right laminectomy and fusion, performed in September 2012. She has completed physical therapy and has noted significant improvement in her symptoms. She has been able to increase her activities and has begun exercising. Due to the increase in activity and exercise, she has noted weight loss. Her current medications include: (1) Trazodone 100 Mg Tablet (2) Norco 10-325 Tablet Mg and (3) Lidoderm 5% Patch % (700 Mg/ patch). The Lidoderm

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm 5% patches #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines indicate that Lidoderm® (lidocaine patch) is the brand name for a lidocaine patch. Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy. 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. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-pruritics. Although the patient has ongoing complaints of pain, the documentation submitted does not indicate failed trials of first-line recommendations, including oral antidepressants and anticonvulsants to support the need for using topical analgesics. There is no evidence that these medications are insufficient to manage pain. Further, there is no indication that the patient has intolerance to oral pain medications. Therefore, the requested Lidoderm patches are not medically necessary at this time.