

<b>Case Number:</b>	CM13-0042576		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	07/03/2013
<b>Decision Date:</b>	02/27/2014	<b>UR Denial Date:</b>	10/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2013

### 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 Internal Medicine 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 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:

This patient is a 30 year old male, date of injury 07-03-13. Primary diagnoses are backache, sciatica. Mechanism of injury was pushing a restaurant bin. Progress Note 09-12-13 by [REDACTED] documented subjective complaints of back pain, without radiation. Objective findings included minimal tenderness at L5, ROM limited with poor compliance, MRI 2 mm disc bulge at L4-5. Diagnosis was back pain. Treatment plan was modified work with restrictions. EMG and Nerve conduction study 11-05-13 reported normal EMG and nerve conduction study of bilateral lower extremities, no evidence of lumbosacral radiculopathy, no evidence of peripheral neuropathy. Progress Notes from 07-03-13 through 09-12-13 documented the following prescriptions: Naproxen, Flexeril, Acetaminophen, Tylenol #3 with Codeine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm patches 5%:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** Lidoderm is a topical lidocaine patch that 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. Topical Analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety, and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. FDA Prescribing Information states that Lidoderm is indicated for post-herpetic neuralgia. In the available medical records, this patient was not diagnosed with post-herpetic neuralgia, which is the only FDA approved indication for Lidoderm. EMG and Nerve conduction studies were normal. Progress note 09-12-13 by [REDACTED] reported "minimal objective findings." Progress notes from 07-03-13 through 09-12-13 documented prescriptions for Naproxen, Flexeril, Acetaminophen, Tylenol #3 with Codeine. There was no documentation of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). The medical records do not support the medical necessity of Lidoderm patches.