

<b>Case Number:</b>	CM13-0056469		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	02/12/2003
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	11/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/22/2013

### 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 Geriatrics and is licensed to practice in New York. 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 injured worker is a man with a date of injury of 2/12/13. The records include a note from his primary treating physician dated 6/6/14. He remained symptomatic with 'nociceptive somatic low back pain as well as neuropathic pain in both lower extremities'. He was using numerous medications including long acting morphine, percocet, lyrica, dendracin lotion, lidoderm patches, omeprazole and trazadone. His physical exam showed he was ambulatory with a single point cane. He was tender in his spine from T11 - L4 with mild spasm and paravertebral muscle tenderness. His lumbar spine range of motion was 5 degrees in all planes and he had a positive straight leg raise on the left at 50 degrees. He had hyperesthesia in the left L5 and S1 dermatomes. His diagnoses included chronic and persistent low back pain status post L4-S1 interbody fusion in 2006. At issue in this review is the prescription for lidoderm patches requested and non-certified in 11/13 and discontinued due to non-certification at the 6/14 office visit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm 5% patch:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 56-57 and 112.

**Decision rationale:** Lidoderm is the brand name for a lidocaine patch. Topical lidocaine 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. This injured worker has chronic lumbar spine and lower extremity pain. He receives multiple medications for this pain including lyrica and opioid analgesics. Lidoderm is FDA approved only for post-herpetic neuralgia and he is concurrently receiving first line therapy for neuropathic pain. The medical records do not support medical necessity for the prescription of Lidoderm in this injured worker. Therefore the request is not medically necessary.