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| <b>Case Number:</b>   | CM13-0060815 |                              |            |
| <b>Date Assigned:</b> | 12/30/2013   | <b>Date of Injury:</b>       | 05/02/2007 |
| <b>Decision Date:</b> | 04/21/2014   | <b>UR Denial Date:</b>       | 11/25/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/02/2013 |

### 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 Internal Medicine; has a subspecialty in Pulmonary Diseases 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 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 56-year-old male who reported injury on May 02, 2007. The mechanism of injury occurred while the patient was working and a tire was rolled to him, the patient picked it up with both hands and felt an immediate pull and pain on the right side of his low back. The patient's medication history included Flector patches as of 2012. Lidoderm was added in early 2013. The documentation from November 13, 2013 revealed that the patient was utilizing Flector patches, Lidoderm, and gabapentin. It was indicated that the patient's pain level had increased since his last visit. The pain was rated 6/10. The patient indicated that he had no new problems or side effects. The patient's activity level had increased. It was indicated that the patient's medications were working well. The patient's diagnoses included lumbar facet syndrome, lumbar radiculopathy and spinal/lumbar degenerative disc disease (DDD). The physician documented that the patient was still on the current medication regimen and had not changed in more than 6 months. The function and activities of daily living had improved optimally on the current doses of medications. Request was made for Lidoderm and Flector patch refills.

### 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 Page(s): 56-57.

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

**Decision rationale:** The 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). The medication has been taken since February 2013. The clinical documentation submitted for review indicated the patient had concurrently taken gabapentin, and reported nausea and no improvement in pain while taking gabapentin. There was a lack of documentation of objective functional improvement and an objective decrease in the visual analogue scale (VAS) score with the use of the requested medication. The request as submitted failed to indicate the quantity of Lidoderm patches being requested. Given the above, the request for Lidoderm 5% patch is not medically necessary.

**FLECTOR 1.3% ADHESIVE PATCH:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** The California MTUS indicates 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. The only FDA approved topical NSAID is diclofenac. The clinical documentation submitted for review failed to indicate that the patient had trialed and failed antidepressants and anticonvulsants. The request as submitted failed to indicate the quantity of patches being requested. The patient has been on this medication since 2012. There was a lack of documentation of objective decrease in the VAS score and objective increase in function. Given the above, the request for Flector 1.3% adhesive patch is not medically necessary.