

<b>Case Number:</b>	CM13-0063994		
<b>Date Assigned:</b>	01/17/2014	<b>Date of Injury:</b>	07/30/2002
<b>Decision Date:</b>	08/01/2014	<b>UR Denial Date:</b>	12/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/11/2013

### 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 Physical Medicine and Rehabilitation and is licensed to practice in California and Washington State. 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 52-year-old female who reported an injury on 07/30/2002. The mechanism of injury was not provided in the medical records. The injured worker's current diagnoses include chronic low back pain with right sided radiculitis and multilevel disc protrusions. The injured worker's previous treatments included medication. Within the most recent clinical note provided on 10/24/2013, the injured worker had complaints of low back and right leg pain. She reported she uses Lidoderm Patches with some relief, and takes Tylenol. On physical examination, the physician only reported that the injured worker had an antalgic gait. The treatment plan included continued use of Tylenol and Lidoderm patches as needed for pain, exercise as tolerated, work with restrictions, and follow-up in 3 months. The current request is for Lidoderm 5% Patches #60 for pain relief. The Request for Authorization was not provided in the medical records.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **LIDODERM 5% PATCH #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidoderm Patch), Topical Analgesics.

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

**Decision rationale:** The request for Lidoderm 5% Patch #60 is non-certified. The California MTUS Guidelines indicate that topical lidocaine (Lidoderm) may be recommended for localized peripheral pain after there has been evidence of trial of first line therapy (tri-cyclics or SNR antidepressants or an AED such as gabapentin or Lyrica). This is not a first line treatment and is only FDA approved for postherpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. The clinical documentation provided indicated the injured worker had continued to have chronic low back pain and right leg pain since her injury in 2002. She indicated that she uses Lidoderm Patches with some relief. The clinical documentation provided indicated that the injured worker received some relief with the use of Lidoderm, but no other indication of significant functional response with the use of the medication was provided. Furthermore, the use of topical/compound analgesics as an effective treatment alternative for long term pain relief is not supported per evidence based guidelines criteria. The documentation did not indicate the injured worker had post-herpetic neuralgia that would support the request. The request also failed to provide the body part where the medication is to be applied and the frequency for use. As such, the request for Lidoderm 5% Patch #60 is not medically necessary.