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| <b>Case Number:</b>   | CM14-0007563 |                              |            |
| <b>Date Assigned:</b> | 02/10/2014   | <b>Date of Injury:</b>       | 08/07/2000 |
| <b>Decision Date:</b> | 06/24/2014   | <b>UR Denial Date:</b>       | 12/20/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/21/2014 |

### 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 Texas. 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 53 year old male who sustained an injury on 08/07/2000. No specific mechanism of injury was noted. The patient was followed for chronic post-laminectomy syndrome following lumbar fusion procedures. The patient had spinal cord stimulator previously placed in May of 2012 which provided significant amount of decreased pain. The patient had been managing his pain with Motrin through March of 2013. At this evaluation the patient was prescribed Lidoderm patches. The patient continued to be followed for dull residual pain in the right gluteal around the spinal cord stimulator battery. The patient was seen on 12/20/13 with recent exacerbation of left lower extremity pain while getting out of bed. The patient reported improvement of pain with recent reprogramming of his spinal cord stimulator. Medications at this visit included Lidoderm, Nexium, and ibuprofen. On physical examination there was tenderness over previous surgical incisions and bone graft harvest site at iliac crest. There was tenderness to palpation over the implanted pulse generator and lumbar paraspinal. No motor weakness or range of motion loss was noted. Reflexes were 1+ and symmetric. The patient was continued for Lidoderm patches to address localized pain over the implanted pulse generator unit. This provided significant relief of symptoms which improved overall functional ability. Follow up on 01/20/14 noted persistent tenderness over the implanted pulse generator and at the low back. The patient indicated pain was tolerable with current medication regimen. Physical examination findings remained unchanged. At this evaluation the patient was started on Flexeril 5mg three times daily and recommended to continue utilizing his spinal cord stimulator. The request for Lidoderm patches 5% quantity 30 with two refills was denied by utilization review on 12/20/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LIDODERM PATCH 5% #30 WITH 2 REFILLS PRN 12 HOURS ON 12 HOURS OFF FOR LOCALIZED PAIN OVER 1PG UNIT: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Topical Analgesics..

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, LIDODERM, 56

**Decision rationale:** The request for Lidoderm patch 5% quantity 30 with 2 refills, would not recommended this medication as medically necessary. Lidoderm patches are being utilized off label in this case. Per FDA indications Lidoderm is recommended to address localized pain consistent with neuropathic etiology that has failed first line medications for neuropathic pain such as tricyclic or anti or SNRI antidepressants and anticonvulsants. Controlling pain at a localized area due to implanted device is outside of the indications for Lidoderm patches. Given the off label use of this Lidoderm patch this reviewer would not have recommended certification for the request.