

<b>Case Number:</b>	CM14-0100350		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	08/01/1997
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	06/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2014

### 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 Emergency Medicine 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 patient is a 61-year-old female who was injured on August 1, 1997. The patient continued to experience insomnia and pain in right shoulder, right hip, and lumbar spine. Physical examination was notable for tenderness over the right acromioclavicular joint, bilateral lumbar paraspinous tenderness, mildly decreased strength in right anterior tibialis and left peroneus longus/brevis and hypesthesia in right L5 and S1 dermatomes. Diagnoses included status post L4-5 and L5-S1 lumbar fusion, residual low back pain with right lower extremity radiculopathy, right hip pain, and right shoulder tendonitis. Treatment included surgery, aquatic therapy, and medications. Request for authorization for Lidoderm 5% patch, up to 3 daily #90 was submitted for consideration.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LIDODERM PATCH 5% UP TO 3/DAY, #90 AS OUTPATIENT FOR LUMBAR SPINE PAIN:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Table 2- Summary of Recommendations. Decision based on Non-MTUS Citation ODG Workers Compensation Drug Formulary.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Lidoderm® (lidocaine patch).

**Decision rationale:** Lidocaine is recommended for localized peripheral pain after the evidence of a trial for first-line therapy, such as an antidepressant or antiepileptic drug. It is only FDA approved for the treatment of post-herpetic neuralgia. The guidelines state that further research is needed to recommend this treatment for chronic neuropathic pain. Criteria for use of Lidoderm patches: a) Recommended for a trial if there is evidence of localized pain that is consistent with a neuropathic etiology. (b) There should be evidence of a trial of first-line neuropathy medications (tri-cyclic or SNRI (serotonin-norepinephrine reuptake inhibitors) anti-depressants or an AED (anti-epilepsy drug) such as gabapentin or Lyrica). (c) This medication is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points. (d) An attempt to determine a neuropathic component of pain should be made if the plan is to apply this medication to areas of pain that are generally secondary to non-neuropathic mechanisms (such as the knee or isolated axial low back pain). One recognized method of testing is the use of the Neuropathic Pain Scale. (e) The area for treatment should be designated as well as number of planned patches and duration for use (number of hours per day). (f) A Trial of patch treatment is recommended for a short-term period (no more than four weeks). (g) It is generally recommended that no other medication changes be made during the trial period. (h) Outcomes should be reported at the end of the trial including improvements in pain and function, and decrease in the use of other medications. If improvements cannot be determined, the medication should be discontinued. (i) Continued outcomes should be intermittently measured and if improvement does not continue, lidocaine patches should be discontinued. In this case the patient was receiving other medication changes with increases in the dose of her gabapentin and the addition of amitriptyline. This does not meet criteria for trial of Lidoderm patch. The request should not be authorized.