

<b>Case Number:</b>	CM14-0017892		
<b>Date Assigned:</b>	04/16/2014	<b>Date of Injury:</b>	08/18/2009
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	01/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2014

### 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 Neuromusculoskeletal Medicine, has a subspecialty in Osteopathic Manipulative Medicine, and is licensed to practice in Arizona. 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 female with a history of back injury while moving a chair from one operating room to another on Aug 18, 2009. Since then, she's had lumbar pain with pain in the buttock, left lower extremity as distal as her heel with associated numbness. She undergone a multitude of differing treatments for her discomfort to include physical therapy, exercise, trigger point injection, nerve blocks and chiropractic care that overall have had virtually no effect on her condition. On March 28, 2014, she underwent a comprehensive review of her issue. Subjectively, she described her discomfort as right sided low back pain that is constant, waxing and waning with occasional numbness down the posterior aspect of her right leg to her toes. Occasionally she'll experience paresthesia radiating down the posterior gluteal region to the posterior upper thigh. Pain is worsened by stress or increased physical activity that may cause back spasms. Without pain medication, the pain is 5/10 in severity, with medication and back braces use it is decreased to 2-3/10. The pain is worsened with bending, twisting and moving, improved with sleeping upon a firm mattress, medication, and back braces use. However, document physical exam, diagnostic study or imaging findings are unable for review as the rest of the patient encounter for this date is missing. On a progress report dated 10/22/13, the patient had tenderness in the lumbar paraspinal muscles without guarding or spasms. Flexion, extension, right and left bending found to be to 80, 20 and 30 degrees, respectively. Motor strength is 5/5 with deep tendon reflexes of the patellar and Achilles tendons at two plus. In dispute is a decision for 5% Lidoderm patches with 2 refills for the treatment of her continuous lumbar discomfort.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LIDODERM 5% PATCH #30 WITH 2 REFILLS (12 HOURS ON AND 12 HOURS OFF):**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Lidoderm.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PAIN INTERVENTION AND TREATMENTS,.

**Decision rationale:** Per MTUS guidelines, Lidoderm® topically, may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or serotonin-norepinephrine reuptake inhibitor (SNRI) anti-depressants or an (AED) such as gabapentin or Lyrica). This is not a first-line treatment and is only Food and Drug Administration (FDA) approved for post-herpetic neuralgia. It is also used off-label for diabetic neuropathy. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. As specifically outlined in the CA MTUS guidelines, Lidoderm patches are FDA approved for use in treatment patients with post-herpetic neuralgia, a diagnosis not documented for this patient. There is no evidence of a trial of either tri-cyclic or SNRI medication within the provided medical documentation. As the MTUS guidelines have not been satisfied for authorizing this treatment, the request is not medically necessary.