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| <b>Case Number:</b>   | CM14-0111258 |                              |            |
| <b>Date Assigned:</b> | 09/16/2014   | <b>Date of Injury:</b>       | 05/19/2008 |
| <b>Decision Date:</b> | 11/12/2014   | <b>UR Denial Date:</b>       | 07/10/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/16/2014 |

### 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 Rehabilitation & Pain Management has a subspecialty in Interventional Spine 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 44 year old with an injury date on 5/19/08. Patient complains of continuing cervical pain, and lower lumbar pain with numbness in the upper extremities per 6/21/14 report. Patient states that medications help with pain over 50%, but he also complains of constipation which is managed with Docusate per 6/21/14 report. Based on the 6/21/14 progress report provided by [REDACTED] the diagnoses are: 1. displacement of cervical intervertebral disc 2. cervical radiculitis 3. lumbar degenerative disc disease Exam on 6/21/14 showed "decreased cervical range of motion, decreased lumbar range of motion." Patient's treatment history includes TENS and a home exercise program. [REDACTED] is requesting retrospective request for lidopro ointment Qty: 1 DOS 6/21/14. The utilization review determination being challenged is dated 7/10/14. [REDACTED] is the requesting provider, and he provided treatment reports from 2/1/14 to 6/21/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for LidoPro Ointment, qty 1, DOS 06/21/14: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 105, 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) MTUS, Topical Analgesics Page(s): 56-57, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Lidoderm

**Decision rationale:** This patient presents with neck pain, and lower back pain with numbness in upper extremities and is s/p C4-5 and C5-6 fusion and C4-5 and C5-6 anterior cervical discectomy from 2008. The treater has asked for retrospective request for lidopro ointment Qty: 1 DOS 6/21/14 on 6/21/14. MTUS guidelines page 57 states, "topical lidocaine 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)." MTUS Page 112 also states, "Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain." When reading ODG guidelines, it specifies that lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documenting pain and function. Regarding topical lidocaine, MTUS recommends it for "localized peripheral pain," and for neuropathic pain, after other agents have been tried and failed. MTUS specifically states, however, that only the dermal patch form of lidocaine is indicated. In this case, the requested lidocaine is not indicated per MTUS guidelines. Therefore, the request is not medically necessary.