

<b>Case Number:</b>	CM14-0118059		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	05/15/2007
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	07/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2014

### 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 Anesthesiology, has a subspecialty in Pain Management; and is licensed to practice in Tennessee. 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:

This is a 47-year-old female with a date of injury of 5/15/07. The mechanism of injury was not noted. On 3/25/14, it was noted that she was prescribed Lidoderm 5% patch to be applied topically every day, may wear up to 12 hours. Noted on this date also was a history of drug abuse. On 5/21/14, she stated she takes over the counter Tylenol and ibuprofen for pain without much relief. On this date it was noted she continues with the Lidoderm patches and has been prescribed a course of Norco to help with the relief of pain. On 7/9/14 she was seen for follow-up regarding her lumbar spine. She stated her symptoms have remained unchanged since her last visit and rated her pain at 5-6/10. There is a history of pain radiating down into the right lower extremity on one side, but no reports of weakness in the legs or thighs. On exam there was no tenderness of the sacral and coccygeal areas. Very mild loss of lumbar lordosis was noted. Paraspinous tenderness with no central tenderness was noted. There was decreased range of motion on the right side of the lumbar spine. The diagnostic impression is lumbar sprain/strain and displacement lumbar intervertebral disc without myelopathy. Treatment to date: home exercises, medication management. A UR decision dated 7/24/14 denied the request for Lidocaine 5% (700mg/patch). The Lidocaine patch was denied because based on the documentation provided, the MTUS guidelines regarding Topical Analgesics is not satisfied. In particular, there is no documentation of localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidocaine 5% (700mg/patch) apply 1 patch q day for up to 12 hrs #30: Upheld**

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

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

**Decision rationale:** CA MTUS states that 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). ODG states that Lidoderm is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points. However, the patient has apparently been on Lidoderm patches since at least 3/25/14. Guidelines recommend a trial of Lidoderm patches for a short-term period of no more than four weeks. The patient has been on the patches since at least 3/25/14. There was no documentation of efficacy of the Lidoderm Patches noted, and in fact on 5/21/14, it was noted that the provider was to give the patient a course of Norco for the much needed pain relief. It was also noted that she has a history of drug abuse. In addition, it is unclear if the patient has ever been on a trial of first-line therapy such as a tri-cyclic or SNRI antidepressant or an AED such as gabapentin or Lyrica. Therefore, the request for Lidocaine 5% (700mg/patch) applies 1 patch every day for up to 12 hours #30 was not medically necessary.