

<b>Case Number:</b>	CM14-0119827		
<b>Date Assigned:</b>	08/27/2014	<b>Date of Injury:</b>	01/01/1990
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	06/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2014

### 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 Physical Medicine and Rehabilitation and Pain Medicine 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 injured worker is a 52-year-old female who reported an injury on 09/30/2012. The mechanism of injury was not provided in the medical records. She is diagnosed with myofascial pain syndrome and status post lumbar laminectomy. Her past treatments were noted to include multiple medications, surgeries, physical therapy, sacroiliac joint injections, facet blocks, and epidural steroid injections. More recently, it was noted that she was being treated with opioid pain medications, muscle relaxants, and physical therapy. Her most recent surgical procedure was performed on 02/28/2014 and consisted of a revision lumbar spinal fusion with posterior instrumentation from L4 to S1. At her postoperative visit on 03/13/2014, it was noted that she had been tapering a course of OxyContin and that she preferred Norco and Percocet. It was also noted that she had not been taking a neuropathic nerve pain medication and a recommendation was made for Neurontin. At her pain management followup visit on 06/11/2014, it was noted that the injured worker reported low back pain rated 6/10. Her medications at that visit were listed as Limbrel 500 mg and it was noted that she was not nearly weaned off the opioid pain medication. The treatment plan included additional acupuncture sessions as well as a trial of Lidoderm patches for symptomatic pain relief. The request for authorization form was not submitted in the medical records.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidocaine Pad 5%, #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56-57..

**Decision rationale:** According to the California MTUS Guidelines, Lidoderm patches may be recommended for postherpetic neuralgia after there has been evidence of a trial of first-line therapy with an antidepressant or anti-epilepsy drug. The guidelines further clarify that additional research is needed in order to recommend Lidoderm patches for chronic neuropathic pain disorders other than postherpetic neuralgia. The clinical information submitted for review indicates that the patient has neuropathic pain. However, she was not shown to have a diagnosis of postherpetic neuralgia. Additionally, there is no documentation indicating that she had tried and failed an adequate course of antidepressants and/or anticonvulsants as no additional documentation was provided after a recommendation was made for her to initiate Neurontin 03/13/2014. Therefore, it is unclear whether the injured worker completed an adequate trial of this medication and whether it was or was not effective to treat her neuropathic pain. In summary, in the absence of documentation showing that the injured worker has postherpetic neuralgia and has failed first-line medications for this condition, the request is not supported. In addition, the request as submitted failed to indicate a frequency of use. For the reasons noted above, the request is not medically necessary.