

<b>Case Number:</b>	CM14-0129134		
<b>Date Assigned:</b>	08/18/2014	<b>Date of Injury:</b>	03/15/2007
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	07/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/13/2014

### 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 & Rehabilitation and Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 67-year-old female who reported an injury due to repetitive heavy lifting on 03/15/2007. On 07/08/2014, her diagnoses included chronic pain syndrome, lumbar disc displacement with radiculitis, lumbosacral spondylosis without myelopathy, depressive disorder, hypothyroidism, and tobacco use. Her medications included Norco 10/325 mg, sertraline 50 mg, Lidoderm 5% patch, aspirin 81 mg, naproxen 375 mg, gabapentin 800 mg, levothyroxine 50 mcg, and lovastatin 20 mg. The submitted documentation showed that the injured worker had been using Lidoderm patch since 05/07/2013. There was no quantifiable evidence of decreased pain or increased functional abilities due to the use of the Lidoderm patch. There was no rationale or Request for Authorization included in the injured worker's chart.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm (Lidocaine Patch 5%) #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 56.

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

**Decision rationale:** The request for Lidoderm (lidocaine patch 5%) #30 is not medically necessary. The California MTUS Guidelines refer to topical analgesics as largely experimental with few randomized control trials to determine efficacy or safety. Lidocaine is recommended for localized peripheral pain after there has been evidence of trials of first line therapy, including tricyclic antidepressants or antiepileptic drugs. The only form of FDA topical application of lidocaine is the 5% transdermal patch for neuropathy pain. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. The injured worker has been using the Lidoderm patch, gabapentin and sertraline for more than 1 year with no documented quantifiable evidence of decreased pain or increased function due to the Lidoderm patch. The clinical information submitted failed to meet the evidence-based guidelines for a Lidoderm patch. Additionally, no body part was specified in the request nor was frequency of application. Therefore, this request for Lidoderm (lidocaine patch 5%) #30 is not medically necessary.