

<b>Case Number:</b>	CM14-0163276		
<b>Date Assigned:</b>	10/09/2014	<b>Date of Injury:</b>	05/16/1988
<b>Decision Date:</b>	11/10/2014	<b>UR Denial Date:</b>	09/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/03/2014

### 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, 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 injured worker is a 53 year old with an injury date on 5/16/88. Injured worker complains of persistent low lumbar pain, with pain/numbness in right lower extremity per 8/18/14 report. Injured worker has been using Meloxicam once a day, Robaxin twice a day, and Amitriptyline 25mg at night (but makes him sleepy, and tired the next day) per 8/18/14 report. Based on the 8/18/14 progress report provided by [REDACTED] the diagnosis is: chronic low back pain post laminectomy. Exam on 8/18/14 showed "L-spine range of motion limited. Straight leg raise negative." [REDACTED] is requesting decision for lidocaine patch 5% #60. The utilization review determination being challenged is dated 9/4/14. [REDACTED] is the requesting provider, and he provided a single treatment report from 8/18/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidocaine patch 5% #60:** 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) 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 injured worker presents with lower back pain and right leg pain. The treating physician has asked for decision for lidocaine patch 5% #60 on 8/18/14. 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. In this case, the injured worker does not present with peripheral, localized neuropathic pain. The injured worker has peripheral, diffuse neuropathic pain for which Lidocaine is not supported. The request for Lidocaine patch 5% #60 is not medically necessary.