

<b>Case Number:</b>	CM14-0172278		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	11/17/2013
<b>Decision Date:</b>	11/25/2014	<b>UR Denial Date:</b>	10/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2014

### 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 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:

This 53 year-old patient sustained a cumulative trauma injury on 11/17/2003 while employed by [REDACTED]. Request(s) under consideration include Topical Lidoderm patch 5%, apply 12 hours on and 12 hours off; no refills; Quantity: 60. Injuries included bilateral knees, head, neck, legs, left breast contusion, and bilateral carpal tunnel syndrome. Report of 9/8/14 from the provider noted the patient with chronic ongoing symptoms with pain rated at 9/10 without and 5/10 with medications. Medications were noted to assist in ADLs and allow participation in a home exercise program. The patient needed housekeeping help 4hrs/day for 7 days for the next 8 weeks; the Second lap band procedure was done in August 2014 with goal of 32 pound weight loss for possible future left TKR. Exam showed patient ambulating with limp; left knee with tenderness. Medications list Kadian, Lidoderm, Percocet, and Nuvigil. The request(s) for Topical Lidoderm patch 5%, apply 12 hours on and 12 hours off; no refills; Quantity: 60 was non-certified on 10/7/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Topical Lidoderm patch 5%, apply 12 hours on and 12 hours off; no refills; Quantity: 60:**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, , Largely experimental in use with few randomized controlled trials to deter.

**Decision rationale:** This 53 year-old patient sustained a cumulative trauma injury on 11/17/2003 while employed by [REDACTED]. Request(s) under consideration include Topical Lidoderm patch 5%, apply 12 hours on and 12 hours off; no refills; Quantity: 60. Injuries included bilateral knees, head, neck, legs, left breast contusion, and bilateral carpal tunnel syndrome. Report of 9/8/14 from the provider noted the patient with chronic ongoing symptoms with pain rated at 9/10 without and 5/10 with medications. Medications were noted to assist in ADLs and allow participation in a home exercise program. The patient needed housekeeping help 4hrs/day for 7 days for the next 8 weeks; the Second lap band procedure was done in August 2014 with goal of 32 pound weight loss for possible future left TKR. Exam showed patient ambulating with limp; left knee with tenderness. Medications list Kadian, Lidoderm, Percocet, and Nuvigil. The request(s) for Topical Lidoderm patch 5%, apply 12 hours on and 12 hours off; no refills; Quantity: 60 was non-certified on 10/7/14. The patient exhibits diffuse tenderness and pain on the exam to multiple extremities and spine with radiating symptoms. The chance of any type of patch improving generalized symptoms and functionality significantly with such diffuse pain is very unlikely. Topical Lidoderm patch is indicated for post-herpetic neuralgia, according to the manufacturer. There is no evidence in any of the medical records that this patient has a neuropathic source for the diffuse pain. Without documentation of clear localized, peripheral pain to support treatment with Lidoderm along with functional benefit from treatment already rendered, medical necessity has not been established for this chronic 2003 cumulative trauma injury. There is no documentation of intolerance to oral medication as the patient is also on multiple other oral analgesics. Topical Lidoderm patch 5%, apply 12 hours on and 12 hours off; no refills; Quantity: 60 is not medically necessary and appropriate.