MAXIMUS Federal Services

| Case Number: | CM14-0181406 | | |
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| Date Assigned: | 11/06/2014 | Date of Injury: | 02/20/2013 |
| Decision Date: | 12/11/2014 | UR Denial Date: | 10/10/2014 |
| Priority: | Standard | Application Received: | 10/31/2014 |

## 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, has a subspecialty in Pain Management 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 44-year-old male who sustained an injury on 2/20/13. As per the 11/3/14 report, he complained of bilateral neck pain that radiated to both trapezius muscles and to the right levator scapular muscle with radicular symptoms in the right arm and intermittent numbness and tingling in the right arm, headaches, and insomnia. Pain was rated at 2-3/10 without the use of any medication. Examination revealed bilateral cervical paraspinous tenderness, right greater than left, palpable spasm in the bilateral trapezius muscles and right rhomboid muscle, decreased ROM of cervical spine, 3/5 right triceps strength as compared to 5/5 on the left, and decreased sensation in the right C7 dermatome. CT Myelogram dated 6/18/14 revealed post-surgical changes at C6-C7 and multi-level degenerative disc disease at C4-5, C5-6. EMG/NCV studies dated 3/26/14 revealed evidence of mild chronic C7 radiculopathy on the right. He is status post cervical discectomy with disc replacement at C6-7 on 9/11/13. He did undergo postoperative physical therapy and preoperative epidural steroid injection. He was not on any medications for his pain but was prescribed Tramadol, gabapentin and Lidoderm patches; Tramadol and gabapentin were authorized but he has not received them yet. Lidoderm patches were denied. As gabapentin, which is the first line treatment indicated for neuropathic pain, is being titrated to effective dose, the Lidoderm patches have been recommended as an adjunct to the gabapentin. He was provided Lidoderm patches for topical neuropathic pain and to specifically be placed on the right deltoid as he experiences topical burning neuropathic pain over that area and he has trialed samples of Lidoderm patches but states he had difficulty with them adhering well to his skin. Diagnoses include status post C6-C7 disc replacement surgery, right C7 radiculopathy, and insomnia. The request for Lidoderm Patches 5% #30 was denied.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm Patches 5% #30:** Upheld

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

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

**Decision rationale:** Lidoderm patch (Lidocaine patch) per ODG is not recommended until after a trial of a first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Topical Lidocaine may be recommended for localized neuropathic pain after there has been evidence of a trial and failure of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. This medication is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points. In this case, the medical records do not demonstrate the medical necessity as the criteria are not met, thus; this request is not medically necessary.