

<b>Case Number:</b>	CM14-0183432		
<b>Date Assigned:</b>	11/10/2014	<b>Date of Injury:</b>	05/12/2004
<b>Decision Date:</b>	12/18/2014	<b>UR Denial Date:</b>	10/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2014

### 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 North Carolina. 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 61-year-old male who reported an injury on 05/12/2004 due to an unspecified mechanism of injury. His diagnoses include lumbar spondylosis and facet arthritis. His past treatments included aqua therapy, acupuncture, physical therapy, and medications. On 09/15/2014, the injured worker complained of continued intermittent stiff and achy pain in the lower back. However, he did not indicate any radiation of pain down lower extremities, nor has he noted lower extremity numbness, tingling, or weakness. The physical examination revealed the injured worker had rigid paraspinal musculature, severe palpable myofascial spasms of the lumbar region, and was positive for facet loading bilaterally. The treating physician did indicate lower extremity full range of motion, normal motor strength, normal sensation, and normal deep tendon reflexes. The note also indicated that the injured worker has severe decreased kidney function and is in chronic renal failure. Furthermore, he has been advised not to utilize oral medications for his pain. His medications included a Lidoderm external patch and Flector patch. The treatment plan included continuation of use of Lidoderm patches, Flector patches, acupuncture, aquatic therapy, and home exercise. Requests were received for Lidoderm external #30 with 2 refills and Flector Patch 1.3% #30 with 2 refills. The rationale was due to severe decreased kidney function and chronic renal failure. A Request for Authorization form was submitted on 10/08/2014 for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm external #30, with 2 refills:** Upheld

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

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

**Decision rationale:** The request for Lidoderm external #30, with 2 refills is not medically necessary. According to the California MTUS Guidelines, topical lidocaine may be recommended for localized peripheral pain only after there has been evidence of a trial of first line therapies, such as tricyclics, SNRI antidepressants, or AEDs (such as gabapentin or Lyrica). Furthermore, the guidelines state that this is not a first line treatment and is only FDA approved for postherpetic neuralgia. The guidelines indicate further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. The injured worker is noted to have chronic low back pain. Documentation also indicated the injured worker had used lidocaine patches since at least 02/24/2014. However, documentation failed to indicate the injured worker was post-herpetic neuralgia or noted evidence of a failed trial of first line therapies, such as tricyclics, SNRI antidepressants, or AEDs (such as gabapentin or Lyrica). Furthermore, the guidelines do not recommend this formulation to be used as treatment for chronic neuropathic pain disorders. Based on the injured worker not having post-herpetic neuralgia, lack of evidence of a failed first-line therapy, and the medication not being recommended for use in chronic neuropathic pain disorders, the request is not supported by the guidelines. In addition, the request for refills would not be indicated, as it would not allow for periodic assessment of efficacy of the medication prior to providing additional meds. As such, the request for Lidoderm external #30, with 2 refills is not medically necessary.