

<b>Case Number:</b>	CM14-0023568		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	02/15/2006
<b>Decision Date:</b>	11/03/2014	<b>UR Denial Date:</b>	02/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2014

### 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 Occupational Medicine 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 is a 58-year-old male with a 2/15/06 date of injury. A specific mechanism of injury was not described. According to a progress report dated 1/28/14, the patient complained of low back pain that radiated to the legs. He rated his pain as a 6-7-8/10 without pain medications and 1-2/10 with pain medications. He has been able to function well with the help of medications. Objective findings: 5/5 strength for both lower extremities except right hip flexors graded 4/5 and limited by back pain, and the left hip flexors graded 4+/5. Diagnostic impression: chronic low back pain, lumbar spine degenerative disc disease, right lumbar radiculopathy, right hip degenerative disc disease. Treatment to date: medication management, activity modification, lumbar ESIA UR decision dated 2/14/14 denied the request for Lidoderm patches. This is not a first-line treatment and is only FDA-approved for post-herpetic neuralgia.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm 5% patch # 60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter - Lidoderm

**Decision rationale:** CA MTUS states that 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). ODG states that Lidoderm is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points. However, the guidelines state that for continued use of Lidoderm patches, the area for treatment should be designated as well as number of planned patches and duration for use (number of hours per day). The documentation provided does not include this information. In addition, there is no discussion in the reports regarding the patient failing treatment with a first-line agent such as gabapentin. Furthermore, there is no documentation that the patient is unable to take oral medications. Therefore, the request for Lidoderm 5% Patches # 60 was not medically necessary.