

<b>Case Number:</b>	CM14-0025994		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	05/13/2009
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	01/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/28/2014

### 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 Medicine and is licensed to practice in Texas and Oklahoma. 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 05/13/2009. The mechanism of injury is unknown. The injured worker complained of low back pain which radiated into his lower extremities, left greater than the right. He also stated having numbness and tingling in the back of the left leg and foot. No physical findings noted. The injured worker has diagnosis of syndrome post laminectomy lumbar. The injured worker underwent lumbar spine surgery in 2010 and 2012. EMG/NCV from report showed no evidence of lumbar radiculopathy or generalized peripheral neuropathy. MRI obtained on 07/21/2009 revealed a 5mm L4-5 central bulge with free disc fragment extending superiorly in the right side of the spinal canal and impinging upon the exiting left L4 nerve root. Moderate left L5-S1 foraminal narrowing. MRI done on 03/21/13 showed no significant change since previous exam. It was noted that the injured worker also had lumbar epidural steroid injections without benefit, had some pain relief with use of a TENS unit and medication. The injured worker's medications include Lidoderm 5% patch 700mg apply 2 patches 12 hours on 12 hours off, Thermacare Heatwrap, Gabapentin 600mg #60 tablet 3 times a day, Naproxen sodium-anaprox 550mg #90 1tablet every 12 hours, Aspirin 81mg 1 tablet PRN, Benicar 40mg 1 Tablet once a day, Ibuprofen and Nitrofurantoin Mer 100mg 1 capsule daily PRN.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LIDODERM 700MG 5% PATCH, QTY:60 WITH 4 REFILLS: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine Page(s): 57-58, 112.

**Decision rationale:** The request for Lidoderm 700mg 5% patch, qty: 60 with 4 refills is not medically necessary. The injured worker complained of low back pain which radiated into his lower extremities, left greater than the right. He also stated having numbness and tingling in the back of the left leg and foot. The California Medical Treatment Utilization Schedule (MTUS) guidelines state Lidoderm is the brand name for a lidocaine patch produced by [REDACTED]. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. 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 antidepressants or an AED such as gabapentin or Lyrica). No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. According to MTUS guidelines Lidocaine is recommended to patients with a diagnosis of radiculopathy. Although the findings in report show some evidence of neuropathic pain the injured worker is concurrent using gabapentin. In addition, the request does not include a frequency. As such, the request for Lidoderm 700mg 5% patch, qty 60 with 4 refills is not medically necessary.