

<b>Case Number:</b>	CM14-0028962		
<b>Date Assigned:</b>	06/16/2014	<b>Date of Injury:</b>	06/22/2001
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	02/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2014

### 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 and is licensed to practice in Illinois. 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 66-year-old female with a reported injury on 06/22/2001. The mechanism of injury was not provided within the clinical notes. The clinical note dated 02/06/2014 reported that the injured worker complained of low back and bilateral wrist pain. The physical examination noted the injured worker's lumbar spine revealed limited range of motion due to pain in all planes. It was reported the injured worker's motor strength was 4/5 bilaterally to the lower extremities. It was reported that the injured worker had a positive straight leg raise at 60 degrees bilaterally. The injured worker's diagnoses included ankle pain; displacement internal disc, lumbar; degeneration of lumbar disc; carpal tunnel bilateral release in 2005; and low back pain. The injured worker's prescribed medication list included Voltaren topical gel, Lidoderm patches, Norco, Valium, benazepril, Celebrex, simvastatin, Prilosec, omeprazole, Lantus insulin, Januvia, and Oxytrol. The provider requested Lidoderm 5% patches; the rationale was not provided within the clinical notes. The request for authorization was submitted on 03/06/2014. The injured worker's previous treatments were not provided within the clinical notes.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm 5% Patches, #60 (30 Day Supply) With 2 Refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Lidocaine Page(s): 111-112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

**Decision rationale:** The request for Lidoderm 5% Patches, #60 (30 Day Supply) With 2 Refills is not medically certified. The injured worker complained of low back and bilateral wrist pain. The treating physician's rationale for Lidoderm patches was not provided within the clinical notes. According to the California MTUS guidelines on topical analgesics having any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. There is a lack of clinical information provided documenting the efficacy of Lidoderm patches as evidenced by decreased pain and significant objective functional improvements. Moreover, there is a lack of clinical documentation that the injured worker has had urine drug screens to validate proper medication adherence in the submitted report. Furthermore, the requesting provider did not specify the frequency, or the application location of the medication being requested. In addition, the request for 2 refills is excessive for concurrent medical treatment. Given the information provided, there is insufficient evidence to determine appropriateness of Lidoderm patch to warrant medical necessity. As such, the request for Lidoderm 5% Patches, #60 (30 Day Supply) with 2 refills is not medically certified.