

<b>Case Number:</b>	CM14-0031267		
<b>Date Assigned:</b>	04/09/2014	<b>Date of Injury:</b>	01/12/2004
<b>Decision Date:</b>	05/08/2014	<b>UR Denial Date:</b>	01/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/30/2014

### 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 Family Practice and is licensed to practice in Texas. 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 65-year-old female who reported a work related injury on 01/12/2004. The mechanism of injury was not stated in the submitted clinical documentation. The injured worker's diagnoses include low back pain, cervical disc disorder, cervical degenerative disc and cervical radiculopathy. Recent clinical documentation for review stated the injured worker's physical therapy sessions had been helpful and she was getting back to normal levels. Her medications included Celebrex, Nexium, Ketoprofen/lidocaine ointment, Vicodin 5-500 mg, Flexeril, Lidoderm 5% patch, and levothyroxine. A request has been made for lidocaine 5% pads #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LIDOCAINE 5% PADS, #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine Patch).

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

**Decision rationale:** The California MTUS Guidelines state that topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line

therapy to include Tricyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica. Guidelines state that this is not a first-line treatment and is only FDA-approved for post herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post herpetic neuralgia. The injured worker was not noted to have a diagnosis of postherpetic neuralgia. In addition, there were no objective findings of significant functional improvements for the injured worker due to the use of a Lidoderm patch. Furthermore, there was no evidence given in the submitted documentation that the injured worker had tried and failed first-line therapy to include antidepressants or anti-epileptics. The clinical information provided also failed to indicate how long the injured worker has been utilizing this medication. The request for Lidocaine 5% pads, #30, is not medically necessary and appropriate.