

<b>Case Number:</b>	CM14-0032698		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	09/18/1997
<b>Decision Date:</b>	07/21/2014	<b>UR Denial Date:</b>	03/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/14/2014

### 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 Orthopedic Surgery 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:

The injured worker is a 72 year-old female who was reportedly injured on 9/18/1997 the mechanism of injury is not listed in these records reviewed. The most recent progress note dated 2/26/14 indicates there are ongoing complaints of lumbar spine pain, right hip, and right knee pain. She also states a locking sensation in her left hip. The physical examination demonstrated neurological: deep tendon reflexes 2+ upper and lower extremities. No motor deficits noted. Lumbar: increased kyphosis, tenderness to palpation over the right lumbar facets, right sacroiliac joint, right lumbosacral region. Positive tenderness to left sacroiliac joint. Straight leg raise is positive on the right at 70, positive Faber on the right and left. Normal gait muscle tone without atrophy or abnormal movements. Lateral flexion right and left 25, flexion 60, positive pain with extension, and forward flexion. Noted hypersensitivity lateral right thigh. Diagnostic imaging studies: 10/10/2011, MRI of the lumbar spine without contrast reveals 2-3 mm anterior spondylolisthesis of L4-L5 producing mild compression of the thecal sac and mild bilateral foraminal narrowing. 4/30/2013 x-rays lumbar spine reveals spondylolisthesis L4-L5 with approximately 6 mm anterior offset of L4 upon L5 and a related postural alteration with dextroscoliosis. Cervical spine x-rays reveal moderately severe degenerative disc disease C5-C6 and C6-C7 with bilateral facet arthrosis. Previous treatment includes bilateral SI injection under fluoroscopy, space epidural steroid injection. Acupuncture, Tens unit, physical therapy, chiropractic care medications to include Celebrex, Lidoderm patches, Baclofen, Meloxicam and Alprazolam. A request was made for Lidoderm 5% #60 with three refills and was not approved in the pre-authorization process on 3/5/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm 5% #60 with 3 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 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 56 of 127 Page(s): 56.

**Decision rationale:** Lidoderm is the brand name for a lidocaine patch produced by [REDACTED]. 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). 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. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-pruritics. The MTUS guidelines supports the use of topical lidocaine for individuals with neuropathic pain that have failed treatment with first-line therapy including antidepressants or anti-epilepsy medications. The medical documentation for this 72-year-old female with chronic low back pain, hip pain and knee pain does not provide information concerning previous treatment to include failure of first-line therapies such as antidepressants or anti-epilepsy medications. As such, the request is considered not medically necessary.