

<b>Case Number:</b>	CM14-0039283		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	07/11/2012
<b>Decision Date:</b>	08/18/2014	<b>UR Denial Date:</b>	03/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2014

### 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 and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 55-year-old female with a date of injury of 07/11/2012. The listed diagnoses per Dr. Abaci include fibromyositis, and neck pain, cervicgia. According to a progress report dated, 12/20/2013, the patient presents with continued neck pain and fibromyositis. The patient is utilizing Lidoderm 5% patches daily. It was noted the patient is allergic to nonsteroidal anti-inflammatory drugs (NSAIDs) and aspirin. An examination of the neck pain revealed right upper extremity weakness and numbness and tingling in the right upper extremities. The patient feels depressed, anxious, has interference with sleep, and headaches associated with neck pain. The physician recommends the patient continue Lidoderm patches, as the patient reports 50% decrease in pain and muscle tension with no adverse effects. Utilization review denied the request on 03/03/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm 5% 700 mg # 30:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm patches Page(s): 56-57,112.

**Decision rationale:** Regarding Lidocaine, the MTUS Guidelines state the following: Indications are for neuropathic pain, recommended for localized peripheral pain after there has been evidence of trial of first line therapy. Topical Lidocaine in the formulation of a dermal patch has been designed for orphan status by the FDA for neuropathic pain. Lidoderm is also used off label for diabetic neuropathy. Given the patient's radiating pain and 50% decrease in pain with using the patches, the request is medically necessary.