

<b>Case Number:</b>	CM14-0045733		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	07/16/2012
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	03/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2014

### 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 Emergency Medicine 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 55 year-old female, who sustained an injury on July 16, 2014. The mechanism of injury is not noted. Diagnostics have included: Cervical MRI dated August 1, 2012 reported as showing disc degeneration at C5-7; November 5, 2013 lumbar spine MRI reported as showing L4-5 bilateral lateral recess narrowing and facet hypertrophy. Treatments have included: medications, cervical epidural steroid injection, and a January 6, 2014 lumbar epidural steroid injection. The current diagnoses are: cervical spondylosis, right C6-7 neuroforaminal compression, right lumbar radiculopathy. The stated purpose of the request for Lidoderm Patches 5% #30 was to provide added pain relief without increasing oral medication intake. The request for Lidoderm Patches 5% #30 was denied on March 14, 2014, noting that the injured worker is not a candidate for Lidoderm patches as a lumbar epidural steroid injection produced 70% success and the injured worker is now off medications. Per the report dated February 28, 2014, the treating physician noted 70% relief from cervical pain and continued relief from low back pain from a February cervical ESI and January lumbar ESI, but her sciatic pain has returned, and is not using oral medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm Patches 5% #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

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

**Decision rationale:** The MTUS Chronic Pain Guidelines note that "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)". It is not considered first-line therapy and only FDA approved for post-herpetic neuralgia. The injured worker has 70% relief from cervical pain and continued relief from low back pain from a February cervical ESI and January lumbar ESI, but her sciatic pain has returned, and is not using oral medications. The treating physician has documented neuropathic pain symptoms, but has not documented physical exam findings indicative of radiculopathy, failed first-line therapy or documented functional improvement from the previous use of this topical agent. As the criteria noted above have not been met, the request is not medically necessary.