

<b>Case Number:</b>	CM14-0046121		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	03/08/2000
<b>Decision Date:</b>	08/05/2014	<b>UR Denial Date:</b>	03/26/2014
<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 Pain Management 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 59 year old female with an injury date of 03/08/00. Based on the 02/05/14 progress report provided by [REDACTED] the patient complains of back pain in the lower back area and sacral area. She also has persistent neck, upper back, and left arm pain. Her cervical pin radiates to the left shoulder. "She still has a very limited tolerance for any kind of oral pain medication." Lidoderm patches have been noted to help the patient. The 02/24/14 report by [REDACTED] states that "Lidoderm patches have been one of the few medications that she has been both able to tolerate and did not cause substantial side effects. The patient's diagnoses include the following: 1. Lumbar displaced intervertebral disc/HNP 2. Lumbar spondylolisthesis, acquired 3. Cervical spine stenosis 4. Cervical degeneration disc disease [REDACTED] is requesting for one prescription for Lidoderm patches 5% #90 with 5 refills. The utilization review determination being challenged is dated 03/26/14. [REDACTED] is the requesting provider, and he provided four treatment reports from 08/15/13, 02/05/14, 02/14/14, and 02/24/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One prescription for Lidoderm patches 5% #90 with 5 refills: 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) (MTUS 56,57)Lidoderm is the brand name for a lidocaine patch produced by Endo Pharmaceuticals. 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. For more information and references, see Topical analgesics.MTUS page 112:Lidocaine Indication: Neuropathic pain 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). 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. Non-dermal patch formulations are generally indicated as local anesthetics and anti-pruritics. 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. In February 2007 the FDA notified consumers and healthcare professionals of the potential hazards of the use of topical lidocaine. Those at particular risk were individuals that applied large amounts of this substance over large areas, left the products on for long periods of time, or used the agent with occlusive dressings. Systemic exposure was highly variable among patients. Only FDA-approved products are currently recommended. (Argoff, 2006) (Dworkin, 2007) (Khaliq-Cochrane, 2007) (Knotkova, 2007) (Lexi-Comp, 2008) Non-neuropathic pain: Not recommended. There is only one trial that tested 4% lidocaine for treatment of chronic muscle pain. The results showed there was no superiority over placebo. (Scudds, 1995) Page(s): 56, 57, 112.

**Decision rationale:** According to the 02/05/14 report by [REDACTED], the patient presents with back pain in the lower back area and sacral area. She also has persistent pain in her upper back, left arm pain, and neck pain which radiates to her left shoulder. The request is for one prescription for Lidoderm patches 5% #90 with 5 refills. MTUS Guidelines recommends Lidoderm patches for neuropathic pain only stating, Recommended for localized peripheral pain after there has been evidence of trial of first-line therapy, tricyclic SNRI, antidepressants or an AED such as gabapentin or Lyrica. This patient does not present with neuropathic pain, but nociceptive pain of the back. There is no indication if the patient has had a trial of first-line therapy, tricyclic SNRI, antidepressants or an AED. The use of Lidoderm patches are not indicated per MTUS guidelines. Therefore, the request for Lidoderm patches 5% #90 with 5 refills are not medically necessary.