

<b>Case Number:</b>	CM14-0046423		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	12/12/2001
<b>Decision Date:</b>	11/04/2014	<b>UR Denial Date:</b>	04/01/2014
<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 Occupational 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:

According to the provided reports, this is a 49-year-old man who was injured on 12/12/01. He has had low back surgery with fusion hardware removal and another fusion higher in the lumbar area. There has been significant previous treatment and diagnostic testing directed at the lower back. The disputed treatment to be addressed is Lidoderm patches. These are addressed in a utilization review determination letter from 4/1/14. This was requested in RFA of the either 1/9/14 or 1/29/14. The IMR request was dated 4/14/14 and all the provided medical reports are after that. The peer clinical review report from 4/1/14 that includes the utilization review determination notes that there was a previous peer review on 11/18/13 to modify a request for Norco 10/325 to allow for weaning purposes. At the time the patient was also being prescribed OxyContin with a morphine equivalent dose per day of 180 and combined with the Norco placed the total morphine equivalent dose at 260. Weaning of both of those medications was recommended. There is a citation from a 1/23/14 report indicating that the patient was continuing to complain of pain in the low back radiating down to both lower extremities and he had weaned himself completely off of the OxyContin, although he did have withdrawal symptoms. He continued with the Norco. A 9/5/14 pain management report indicated that the patient continued to complain of pain in the lower back radiating down the both lower extremities. Pain was 8/10. At that time there was consideration for bilateral hardware blocks and if those were positive to remove the metal. Back pain has progressively worsened. A request for lumbar epidural steroid injection has been denied. Report noted that the patient was using Norco 6-8 tablets per day and had stayed off of the OxyContin. There was mention that the soma and the Lidoderm had been effective in managing the pain. This was keeping the Norco down to a minimum but he received a denial from his insurance carrier. Pain management reports from 6/9/14, 7/2/14, and 8/5/14 contain similar subjective complaints, objective findings and discussion regarding the Lidoderm

patches. However, make no mention of specific peripheral pain in the lower extremities. They reference radiating pain in the lower extremities without specific localization and no mention of where on the body the patient used the Lidoderm. The chronology as outlined in the utilization review determination that the patient did wean himself off of the OxyContin prior to discontinuing the Lidoderm patches. However, it does not appear that since discontinuing the Lidoderm patches there has been any change in the patient's functional status or change in the amount of Norco the patient is taking. It was also noted that he stopped the Soma as well, again without any change in the patient's overall functional status and despite discontinuing the Lidoderm. Diagnoses relating to the lower back, excluding diagnoses that are actually citations of previous surgery, are lumbar degenerative disc disease. There is no diagnosis of lumbar radiculopathy in the pain management reports. There is also a spine specialist report from 6/13/14 that did not mention the Lidoderm patches and noted that the medications were prescribed by the pain management specialist. The indicated complaints were of back pain and posterior leg pain. There is no diagnosis in that report of a radiculopathy either. The lumbar diagnosis was degenerative disc disease multilevel lumbar sacral spine with spinal instability pain syndrome.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PART 2, TOPICAL ANALGESICS Page(s): 111-112.

**Decision rationale:** Lidoderm patches are a patch that is affixed to the skin that contains topical lidocaine which is an anesthetic. Per MTUS guidelines, this is indicated for neuropathic pain, specifically recommended by guidelines for localized peripheral pain after there has been evidence of a trial of first-line therapy, such as an antidepressant or an antiepileptic medication. None of the reports document that there is neuropathic pain present. There is no documentation of peripheral pain in the lower extremities that is localized. There is no documentation of where the patient put the patches. There is no documentation of the failure of an antidepressant or antiepileptic. Therefore, based upon the evidence and the guidelines, this request is not medically necessary.