

<b>Case Number:</b>	CM14-0050118		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	05/08/1990
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	04/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/17/2014

### 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:

This injured worker is a 59-year-old male with a 5/8/90 date of injury. The injury occurred when he was moving bed frames and mattresses upstairs and injured his back. The patient was seen on 6/3/14 with complaints of right foot numbness and lower back pain for past 24 years. The patient stated that he tried swimming and he was working full time with work restrictions. Exam findings revealed negative Tinel's sign and Phalen's sign and decreased pinprick sensation in the right foot. Motor exam and reflexes were noted to be without normal limits. Electrodiagnostic studies (EMG/NCS) were normal in the bilateral lower extremities. There was no evidence of lumbosacral radiculopathy or peripheral neuropathy noted. The diagnosis is lumbar stenosis and lumbar spondylolisthesis. Treatment to date has included L3-L4 laminectomy, work restrictions, swimming and medications. An adverse determination for Lidoderm was received on 4/15/14 given that there was a lack of documentation indicating that the patient tried and failed first-line oral therapy, such as antidepressants or anti-epilepsy drugs (AEDs) such as Gabapentin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm Patch #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Lidocaine Indication: Neuropathic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Lidoderm.

**Decision rationale:** CA MTUS states 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). ODG states that Lidoderm is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points. There is a lack of documentation regarding the patient's medication regimen. The reviewer's note dated 4/14/14 stated that the patient's medications included Aleve and Tramadol. It is not clear if the patient has tried and failed any recommended first-line therapy medications. Therefore, the request for Lidoderm Patch #30 was not medically necessary.