

<b>Case Number:</b>	CM14-0050787		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	04/17/2003
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	04/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/18/2014

### 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 patient is a 64 year old female employee with date of injury of 5/14/2012. A review of the medical records indicate that the patient is undergoing treatment for Carpal Tunnel Syndrome, Post Concussive Headache (12/30/2013), Neck Pain - Cervical Facet Syndrome, Right Sided; Cervical Disc Displacement Without Myelopathy, and Lumbar Disc Displacement without Myelopathy, (3/19/2014). Subjective complaints include neck pain with bilateral radiation into shoulders (2/13/2014), neck and lower back pain (3/19/2014), with no changes on 3/27/2014. Pain registered at 6/10 (12/30/2013) and 4/10 (4/11/2014). Objective findings include walking unassisted (2/13/2014) to antalgic gait (6/25/2014), lumbar paraspinous to palpation, tenderness over her left SI joint and mild over the right side, and positive FABERS on the left side (2/5/2014). Medications have included physical therapy, Motrin (unspecified amount 2-3/day), Theraflex (use as needed), Lidoderm 5% patch 700mg/patch 12 hrs on 12 hrs off, Ibuprofen 800 mg 1-2/day, Freeze It Relief Gel 0.2-3.5 % 2/day, Atenolol 25mg, Clacium 500 tablet, Centrum Tablet, Triple Flex, Aspirin Ec 81mg 1/day, and massage treatments 2-3/wk (3/19/2014). Medical files also list physical therapy that were then non-certified (2/5/2014). A cervical epidural steroid injection (date not specified) did not improve her pain. The utilization review dated 4/2/2014 non-certified the request for Lidoderm patches 5% #30 x2 due to proof that other first-line treatments have been successful over time.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm patches 5% #30 x2:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22; 67-68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm patches Page(s): 56-57. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: UpToDate.com, Lidocaine (topical).

**Decision rationale:** Chronic Pain Medical Treatment Guidelines state "Lidoderm is the brand name for a lidocaine patch produced by [REDACTED]. 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." ODG further details, "Criteria for use of Lidoderm patches:(a) Recommended for a trial if there is evidence of localized pain that is consistent with a neuropathic etiology.(b) There should be evidence of a trial of first-line neuropathy medications (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica).(c) This medication is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points.(d) An attempt to determine a neuropathic component of pain should be made if the plan is to apply this medication to areas of pain that are generally secondary to non-neuropathic mechanisms (such as the knee or isolated axial low back pain). One recognized method of testing is the use of the Neuropathic Pain Scale.(e) The area for treatment should be designated as well as number of planned patches and duration for use (number of hours per day).(f) A Trial of patch treatment is recommended for a short-term period (no more than four weeks).(g) It is generally recommended that no other medication changes be made during the trial period.(h) Outcomes should be reported at the end of the trial including improvements in pain and function, and decrease in the use of other medications. If improvements cannot be determined, the medication should be discontinued.(i) Continued outcomes should be intermittently measured and if improvement does not continue, lidocaine patches should be discontinued."Medical documents provided do not indicate that the use would be for post-herpetic neuralgia. Additionally, treatment using other conservative therapy indicated improvement over time. Medical notes do not indicate first-line neuropathy medications treatment, which is required per MTUS guidelines. Finally, the treating physician writes application instructions as 12 hours on and 12 hours off. The prescription is for 30 patches with two refills, which is a 120-day supply. The patient should be evaluated prior to 120 days. As such, the request for Lidoderm 5% patches #30 x 2 is not medically necessary.