

<b>Case Number:</b>	CM14-0053593		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	05/19/2009
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	03/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/22/2014

### 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:

The patient is a 49-year-old female who has submitted a claim for sciatica associated with an industrial injury date of May 19, 2009. Medical records from 2010-2014 were reviewed. The patient complained of persistent sharp low back pain radiating to the bilateral legs. Pain is rated at 8-9/10. Physical examination showed no tenderness upon palpation of the lower back. Pain increased with range of motion. Decreased sensation was noted with the right L5 and S1 distribution. Treatment to date has included oral medications, therapy, epidural injections and Lidoderm patches. Utilization review, dated March 26, 2014, denied the request for Lidoderm patches 5% #30 because further research is needed to recommend topical lidocaine as treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. Furthermore, guidelines only recommend the use of Lidoderm patches for localized pain after a trial of a first-line therapy of either an anti-epileptic or antidepressant. Records submitted did not indicate use of first-line therapy of either an anti-epileptic or antidepressant.

### 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 Lidoderm Patches.

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

**Decision rationale:** As noted on pages 56-57 in the CA MTUS Chronic Pain Medical Treatment Guidelines, topical lidocaine may be recommended for localized peripheral pain after there has been evidence of first-line therapy (tri-cyclic or Serotonin-norepinephrine reuptake inhibitors (SNRI), anti-depressants or an Anti-Epilepsy Drugs (AEDs) such as gabapentin or Lyrica). In this case, this is a prospective request for topical Lidocaine patches. Given that there is no mention of any trial or use of first-line therapy medications in the submitted medical records, the use for Topical Lidocaine is not warranted. Therefore, the request for Lidoderm patches 5% #30 is not medically necessary and appropriate.