

<b>Case Number:</b>	CM14-0056525		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	01/25/2011
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	03/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/27/2014

### 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 is a case of a 39-year old female who has filed a claim for bilateral sacroiliac joint dysfunction, lumbosacral sprain with radicular symptoms associated with an injury date of 01/25/2011. Medical records from 2013 to 2014 were reviewed. Latest progress reports reveal that the patient still complains of lower back pain, with improvement on the pain and mobility since the sacroiliac injection. She still complains of pain on the left side of the lower back. No documentation on relief of pain with use of lidocaine patch. Physical examination of the sacroiliac joint shows tenderness on the left SI joint. FABER/Patrick's test, Gaenslen, and Thigh thrust tests were positive on both SI joints. Treatment to date has included physical therapy, chiropractic management, medications, home exercises, and SI joint injections. Medications taken include Ibuprofen, Vicodin, and Lidoderm patch. Utilization review dated 03/27/2014 denied the request for Lidoderm patch. CA MTUS guidelines states that Lidoderm is indicated for neuropathic pain. However, no documentation of any finding of neuropathic pain was indicated.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm Patches 5% #30 with 2 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
LIDOCAINE Page(s): 112.

**Decision rationale:** According to page 112 of the CA MTUS Chronic Pain Medical Treatment Guidelines, lidocaine is 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. In this case, there was no documentation of any complaint of neuropathic pain. The request also does not specify the frequency of the lidocaine patch use. Furthermore, there was no documentation of any improvement of symptoms or functional status with the use of lidocaine patch. The clinical indication for the use of lidocaine patch was not established; therefore the request for Lidoderm Patches 5% #30 with 2 refills is not medically necessary.