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| <b>Case Number:</b>   | CM14-0063350 |                              |            |
| <b>Date Assigned:</b> | 07/11/2014   | <b>Date of Injury:</b>       | 09/16/1998 |
| <b>Decision Date:</b> | 08/26/2014   | <b>UR Denial Date:</b>       | 04/24/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/05/2014 |

### 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 Anesthesia, has a subspecialty in Acupuncture and Pain 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 58y/o female injured worker is with date of injury 09/16/96 with related neck and low back pain. Per progress report dated 5/29/14, she was having 50%-60% relief of her pain after having L2-L3 and L5-S1 TFESI in early May. She had had enough pain relief that she had not needed to take much of her Norco. MRI of the lumbar spine dated 6/24/10 revealed spinal stenosis at L2-L4, postsurgical change in L5-S1, right sided disc protrusion at L1-L2 and L4-L5. MRI of the cervical spine dated 1/14/09 revealed bony ridging at C5-C6 with mild cord effacement, disc bulge at C5-C6 and mild disc bulging at C3-C4, C7-T1. The documentation did not state whether physical therapy was utilized. Treatment to date has included surgery, chiropractic manipulation, injections, and medication management. The date of UR decision was 4/24/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro 02/06/2014- Lidoderm Patches Qty:60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines p112 states "Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI antidepressants 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. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The medical records submitted for review do not indicate that there has been a trial of first-line therapy (tri-cyclic or SNRI antidepressants or an AED). The documentation indicates that the injured worker was at the time of request using gabapentin. There was also no diagnosis of diabetic neuropathy or post-herpetic neuralgia. As such, lidoderm is not recommended at this time. The request is not medically necessary.