

<b>Case Number:</b>	CM14-0063573		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	11/14/1983
<b>Decision Date:</b>	07/31/2014	<b>UR Denial Date:</b>	03/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2014

### 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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 an 85-year-old woman who sustained a work-related injury on November 14, 1983. Subsequently, she developed chronic back pain. According to the evaluation report dated on June 18, 2014 the patient's activities of daily living continue to remain limited, but are better managed with the home health care providers due to amnesia. Her physical examination revealed a slow and guarded gait. The patient was hunched over in pain. She had tenderness over the sacroiliac joint, piriformis muscle, posterior iliac crest, and sciatic notch. The patient exhibited weakness bilaterally. Straight leg raising caused pain at 35 degrees. The patient has a positive Romberg sign, and limited lumbar range of motion. The patient was diagnosed with chronic lumbosacral pain with recurrent severe right side sciatica and mild right L5-S1 radiculopathy; history of laminectomy; chronic benzodiazepine intake with psychological resistance to weaning; chronic opiate analgesic intake, minimal depression and anxiety related to chronic pain; hypothyroidism; and alzheimer's amnesia. The patient's medications included: Xanax, Lyrica, Celebrex, Lidoderm patches, Traumeel gel, Aspirin, Quetiapine, Donepezil, Atovastatin, Z-Thyroxine, and Namenda. The patient has been denied home physical therapy and a TENS unit to reduce nerve pain radiating down the leg. The provider requested authorization to use Lidoderm patch.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm 5% patch #120:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56.

**Decision rationale:** According to MTUS guidelines, “Lidoderm is the brand name for a lidocaine patch produced by Endo Pharmaceuticals. 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.” In this case, there is no documentation that the patient developed neuropathic pain that did not respond for first line therapy. There is no strong evidence supporting the efficacy of Lidoderm in chronic back pain. In fact, there is no documentation of functional improvement with previous use of Lidoderm. There is no evidence of neuropathic origin of the patient pain. Therefore, the prescription of Lidoderm patch 5% is not medically necessary.