

<b>Case Number:</b>	CM14-0077693		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	05/08/2001
<b>Decision Date:</b>	08/18/2014	<b>UR Denial Date:</b>	05/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 67-year-old female with a 5/8/01 date of injury. At the time (4/15/14) of request for authorization for Lidoderm Patches 2 patches once a day #60, there is documentation of subjective (chronic pain in the bilateral upper and lower extremities, chronic right shoulder pain, right lower extremity shooting and burning pain, and left shoulder pain) and objective (restricted range of motion in both shoulders and upper extremities, tenderness to palpation over the distal radius of the right wrist, and tenderness to palpation over the lumbar paraspinal musculature with spasms and decreased lumbar range of motion) findings, current diagnoses (lumbar degenerative disc disease, history of two spinal cord stimulator implants, history of right knee internal derangement, history of left knee patella fracture, and tendonitis of bilateral shoulders), and treatment to date (Lidoderm patches since at least 6/17/13 with decrease in pain levels and functional improvement; and ongoing therapy with Topamax, Norco, Zanaflex, and Effexor). In addition, 4/23/14 medical report identifies that the patient has tried and failed multiple medications for neuropathic pain including gabapentin, Lyrica, and amitriptyline. There is no documentation of objective findings of localized peripheral pain/neuropathic pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm Patches 2 patches qd #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; Lidoderm (lidocaine patch).

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

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of localized peripheral pain/neuropathic pain (with supportive subjective/objective findings) after there has been evidence that a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an anti-epileptic drug (AED) such as gabapentin or Lyrica) has failed, as criteria necessary to support the medical necessity of a lidocaine patch. The MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of lumbar degenerative disc disease, history of two spinal cord stimulator implants, history of right knee internal derangement, history of left knee patella fracture, and tendonitis of bilateral shoulders. In addition, there is documentation of subjective (right lower extremity shooting and burning pain) findings of neuropathic pain. Furthermore, given documentation that the patient has tried and failed multiple medications for neuropathic pain including gabapentin, Lyrica, and amitriptyline, there is documentation of evidence that a trial of first-line therapy (tri-cyclic or SNRI anti-depressants and an AED such as gabapentin or Lyrica) has failed. Lastly, given documentation of decreased pain levels and increased functionality with Lidoderm patch, there is documentation of functional benefit or improvement as an increase in activity tolerance as a result of use of Lidoderm patches. However, despite documentation of objective findings (restricted range of motion in both shoulders and upper extremities, tenderness to palpation over the distal radius of the right wrist, and tenderness to palpation over the lumbar paraspinal musculature with spasms and decreased lumbar range of motion), there is no documentation of objective findings of localized peripheral pain/neuropathic pain. Therefore, based on guidelines and a review of the evidence, the request for Lidoderm Patches 2 patches once a day #60 is not medically necessary.