

<b>Case Number:</b>	CM14-0081482		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	11/01/2011
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	05/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2014

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 50-year-old male with a reported injury on 11/01/2011. The mechanism of injury is unknown. The diagnoses of the injured worker included lumbar spine sprain/strain, piriformis syndrome to the right, and gastrointestinal upset secondary to medications. Diagnostic study included urinalysis that was collected on 02/17/2014. The results revealed that the injured worker was positive for the prescribed medications. The injured worker complained of low back pain that radiated to the right piriformis. He stated that it was worse with the cold weather. There was no measurable pain level documented. The physical findings dated 05/02/2014 revealed that the lumbar spine was tender to palpation on the right, less than the left. Flexion was 35 degrees and extension was 12 degrees. Left bending was 18 degrees, and right bending was 20 degrees. The injured worker demonstrated pain with all range of motion. There was a positive straight leg raise. There was no evidence of any motor strength documented in the submitted report. Current medications include Prilosec, Tramadol, Motrin 600, Lidoderm, Flexeril and Celebrex 200 mg, and Nuvigil. There were no dosage, duration and frequency documented in submitted report. The treatment plan was for authorization for Tramadol ER, Celebrex 200 mg, and Lidoderm patches. The rationale was not submitted for review. The Request for Authorization form was submitted on 02/10/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm Patch 5%, one (1) time per day, quantity 30: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 57-58 and 112.

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) guidelines states Lidoderm is the brand name for lidocaine patch and are largely experimental in use with few randomized controlled trials to determine efficacy or safety. 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 or Lyrica). No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. According to MTUS guidelines, Lidocaine is recommended to patients with a diagnosis of radiculopathy. The injured worker complained of low back pain that radiated to the right piriformis. He stated that it was worse with the cold weather. There was no measurable pain level documented. In the report submitted there was no evidence that the injured worker suffered from peripheral pain. There was no evidence showing that the injured worker had a diagnosis of radiculopathy. Furthermore, there was no quantified evidence showing that the injured worker had tried and failed any first line therapy (tricyclic or SNRI antidepressants or NSAIDs) such as, Gabapentin or Lyrica. Therefore, Lidoderm patch 5%, 1 time per day, quantity 30 is not medically necessary and appropriate.