

<b>Case Number:</b>	CM14-0096713		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	03/01/2005
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	06/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2014

### 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 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 45-year-old male with a reported date of injury on 03/01/2005. The mechanism of injury was not submitted within the medical records. His diagnosis was noted to include thoracic/lumbar neuritis/radiculitis. His previous treatments were noted to include medications, exercise, ice and heat, and pillows. The progress note dated 04/11/2014 revealed the injured worker complained of back pain rated 2/10 at the least and the worst 4/10. The injured worker complained of radiating pain from the front the back to the right leg. The injured worker also reported tingling and numbness from the low back to the mid spine. The physical examination of the lumbar spine revealed extension and rotation to the right caused discomfort on the right rated moderate, when done on the left it caused discomfort to the left rated moderate. There was tenderness to palpation in the pelvic brim and junction bilaterally rated moderate. The range of motion was noted to be diminished bilaterally. The provider indicated the injured worker continued with numbness and tingling that radiated into the lower extremities. The progress note dated 05/16/2014 revealed the injured worker complained of constant low back pain that radiated to his legs with numbness and tingling. The physical examination revealed tenderness to palpation in the pelvic brim and junction bilaterally rated moderate. There was decreased range of motion to the lumbar spine. The provider indicated the injured worker was status post fusion to the lumbar spine and continued to experience occasional numbness, tingling sensation that radiated into the lower extremities. The provider indicated the injured worker gained relief from ongoing symptoms with the use of Lidoderm; however, it had not been approved for refills. The Request for Authorization form was not submitted within the medical records. The request was for Lidoderm 5% patch applied 12 of 24 hours #4, refill 1, for symptom relief.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm 5% patch applied 12 of 24 hours #4 refill: 1:** Upheld

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

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

**Decision rationale:** The California Chronic Pain Medical Treatment Guidelines state topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. The guidelines primarily recommended topical analgesics for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The guideline's indications for lidocaine are for localized peripheral pain after there has been evidence of a first line therapy (tricyclic or Serotonin-norepinephrine reuptake inhibitor (SNRI) antidepressant or an anti-epileptic drug (AED), such as gaba or Lyrica). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. No other commercially approved topical formulations of lidocaine (whether creams, lotions, or gels) are indicated for neuropathic pain. The injured worker indicated he gained relief from ongoing symptoms with the use of the Lidoderm patch; however, there was a lack of documentation regarding significant pain relief on a visual analog scale (VAS) or improved functional status. Therefore, the request is not medically necessary.