

<b>Case Number:</b>	CM14-0190268		
<b>Date Assigned:</b>	11/21/2014	<b>Date of Injury:</b>	01/18/2002
<b>Decision Date:</b>	01/09/2015	<b>UR Denial Date:</b>	10/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2014

### 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 Family 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:

This is a 48 year old female who sustained an injury on 01/18/2002. The current diagnoses include status post anterior and posterior fusion surgeries with a failed back surgery syndrome and bilateral lower extremity radiculopathy and lumbar facet arthropathy, worse on the right above the fused levels. Per the doctor's note dated 09/23/2014, she had complaints of low back pain with radiation to both lower extremities; gastric symptoms with oral opioids. Physical examination of the lumbar spine revealed well-healed surgical scars in the low back, with tenderness across the low back, decreased range of motion, tenderness with palpation overlying the pump, decreased sensory throughout lower extremity, but worse in the posterolateral leg and foot on the left and positive straight leg raise test bilaterally worse on the left. The medications list includes Topamax, Percocet, Klonopin and Lidoderm patch. She has had trigger point injections and intrathecal pump for this injury. She has undergone lumbar spine anterior and posterior fusion surgeries. She has had thoracic spine x-rays dated 10/6/14 which revealed mild degenerative changes and intraspinal catheter at T11; lumbar spine X-rays dated 10/6/14 which revealed post-operative changes with intact fusion hardware; an electromyogram (EMG) which revealed bilateral S1 radiculopathy; lumbar and thoracic MRI on 12/18/12. She has had urine drug screen on 4/22/14 which was positive for Oxycodone, Oxymorphone and Hydromorphone; report dated 5/20/14 which was positive for Oxazepam, Oxycodone, Oxymorphone and Hydromorphone.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm 5 % # 90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Lidoderm (Lidocaine Patch) Page(s): 111-113, 56-57.

**Decision rationale:** According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended 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." According to the MTUS Chronic Pain Guidelines "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). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia." MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Response and failure of antidepressants and anticonvulsants for these symptoms are not specified in the records provided. Intolerance to oral medications for pain other than potent opioids is not specified in the records provided. Any evidence of post-herpetic neuralgia is not specified in the records provided. The medical necessity of Lidoderm 5 % # 90 is not fully established for this patient.