

<b>Case Number:</b>	CM14-0198449		
<b>Date Assigned:</b>	12/08/2014	<b>Date of Injury:</b>	07/16/2007
<b>Decision Date:</b>	01/21/2015	<b>UR Denial Date:</b>	10/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2014

### 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 and Rehabilitation, has a subspecialty in Neuromuscular Medicine, and is licensed to practice in Maryland. 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 61 year old female who sustained a work related injury on July 16, 2007. The mechanism of injury of injury was not provided. The most current progress report dated April 17, 2014 noted that the injured worker continues to have daily low back pain and increasing depression. Diagnoses include major depressive disorder, recurrent episode and intervertebral lumbar disc disorder with myelopathy. Medications include Tramadol HCL, Omeprazole, Seroquel, Zoloft, and Lidoderm patch 5%. Physical examination revealed the injured worker to have a slightly flattened affect. No other objective findings were noted. Work status is permanent and stationary. Utilization Review references a physician's report dated October 14, 2014 which was not submitted for review. Per Utilization Review documentation the injured worker had chronic back pain associated with depression and insomnia. Pain level was an eight out of ten, which was almost completely relieved with medication. Objective findings were noted to be unremarkable. The treating physician requested Lidoderm patches 5%, apply every 12 hours # 30 with 3 refills. Utilization Review evaluated and denied the request for Lidoderm patches 5%, # 30 with 3 refills on October 29, 2014. Utilization Review denied the request for the topical analgesic patch due MTUS Chronic Pain Medical Treatment Guidelines which states that they are recommended for localized peripheral pain after there has been evidence of a trial of first line therapy such as anti-depressants or anti-epileptic medications. Lidoderm patches are not a first line treatment and are only approved for post-herpetic neuralgia. In addition, in the peer to peer review the treating physician discussed the minimal benefit of the Lidoderm patch. As such, the medical necessity of the Lidoderm patch has not been established.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm patch 5% apply for 12 hours #30, refill: 3:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** Lidoderm patch 5% apply for 12 hours #30, refill: 3 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that 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. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. The documentation does not indicate failure of first line therapy for peripheral pain. The documentation does not indicate a diagnosis of post herpetic neuralgia. The documentation is not clear on functional improvement from prior Lidoderm patch. For these reasons, the request for Lidoderm patch 5% is not medically necessary.