

<b>Case Number:</b>	CM14-0201362		
<b>Date Assigned:</b>	12/11/2014	<b>Date of Injury:</b>	08/22/2003
<b>Decision Date:</b>	01/31/2015	<b>UR Denial Date:</b>	11/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2014

### 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 Interventional Spine 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:

The patient is a 66-year-old male with an injury date of 08/22/2003. Based on the 05/29/2014 progress report, the patient complains of a shooting pain down his legs twice weekly on average. He has pain on the right at S1 distribution. The 07/17/2014 report states that the patient complains of low back pain, which he rates from a 3-4/10 to an 8-10/10. He is unable to get out be and has weakness in both legs, which causes him to lose balance. Exam of the lumbar spine reveals a healed surgical incision and spasm. The patient has a painful and limited range of motion, positive Lasgue on the right, and a positive straight leg raise on the right to 50 degrees. The 10/01/2014 report states that the patient's legs go numb, and it is difficult for him to walk. He uses a walker and is able to get about 50 yards before having to stop. The patient's diagnoses include the following: 1. Lumbar discogenic disease. 2. Chronic low back pain. 3. Lumbar spondylosis. 4. Status post lumbar fusion. The utilization review determination being challenged is dated 11/19/2014. There were 3 treatment reports provided from 05/29/2014, 07/17/2014, and 10/01/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm dis 5% patches #60, 2q 12houron/12 off:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch); Lidocaine Page(s): 56-57, 112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Lidoderm® (lidocaine patch)

**Decision rationale:** Based on the 10/01/2014 report, the patient presents with low back pain as well as numbness in his legs. The request is for LIDODERM DIS 5% patches #60, two q. 12h on/12h off. The patient has been using Lidoderm patches as early as 05/29/2014. The treater does not provide any reasoning regarding the requested Lidoderm patch. MTUS Guidelines page 57 states, "Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first line therapy (tricyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica)." MTUS page 112 also states, "Lidocaine indication: Neuropathic pain. Recommended for localized peripheral pain." When reading ODG guidelines, it specifies that Lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome, documenting pain and function. In this case, the treater does not indicate where these patches will be applied to, or if they will be used for neuropathic pain. The 05/29/2014 report states, "The Lidoderm patches help with painful areas in the back... The patient reports shooting pain down his legs twice weekly on average." In this case, the use of Lidoderm patches are not indicated for low back pain. It is indicated for peripheral pain that is neuropathic and localized which this patient does not present with. The requested Lidoderm patch IS NOT medically necessary.