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| <b>Case Number:</b>   | CM14-0202726 |                              |            |
| <b>Date Assigned:</b> | 12/15/2014   | <b>Date of Injury:</b>       | 06/05/2012 |
| <b>Decision Date:</b> | 02/05/2015   | <b>UR Denial Date:</b>       | 11/17/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/04/2014 |

### 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 Practice 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 54 year old woman sustained an industrial injury on 6/5/2012. Current diagnoses include cervical spine stenosis, cervical degenerative disc disease, and cervical facet arthrophyte. The mechanism of injury was not described. Treatment has included oral and topical medications, epidural steroid injections, physical therapy, acupuncture, chiropractic treatment, and use of a traction unit. Physician notes dated 10/13/2014 show complaints of persistent, but tolerable cervical soreness, worsening pain and tightness that the worker relates to her current job and repetitive movements required. The worker describes functional and symptom improvement with chiropractic treatment and use of her traction unit. She describes her neck pain as achy with muscle tightness, occasional headaches that are worse with activity, and rates her pain as 4/10 without medication and 2/10 with medication. Physical exam shows evidence of muscle spasms along the occiput, cervical paraspinals, and upper back region, trigger point tenderness along the cervical spine, and decreased range of motion. Recommendations include additional chiropractic visits, medication refills of Lidoderm patches and naproxen, and continued monitoring for depressive symptoms. The worker is currently working full time. No other physician documentation is available for review. On 11/17/2014, Utilization Review evaluated a prescription for 60 patches of Lidoderm 5%. The UR physician noted that the documented submitted did not support a neuropathic process. The request was denied and subsequently appealed to Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **60 Patches of Lidoderm 5 Percent: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Lidoderm (lidocaine patch) Page(s): 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. Any trial of antidepressants and anticonvulsants for these symptoms were not specified in the records provided. Any intolerance or contraindication to oral medications is not specified in the records provided. Any evidence of post-herpetic neuralgia is not specified in the records provided. The medication 60 Patches of Lidoderm 5 Percent is not fully established.