

<b>Case Number:</b>	CM14-0204168		
<b>Date Assigned:</b>	12/16/2014	<b>Date of Injury:</b>	06/17/2006
<b>Decision Date:</b>	02/06/2015	<b>UR Denial Date:</b>	11/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2014

### 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 Rehab, 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 32 year old female with the injury date of 06/17/09. Per physician's report 09/09/14, the patient has neck pain and lower back pain at 7/10, radiating down her upper/ lower extremities bilaterally. The range of cervical or lumbar motion is decreased in all directions. The patient had chiropractic treatment with functional improvement. The patient is currently taking Cyclobenzaprine, Ibuprofen and Lidoderm 5% patch. The patient is not currently employed. The lists of diagnoses are: 1) Degeneration of cervical disc 2) Myalgia 3) Degeneration of lumbar intervertebral disc 4) Pelvic/ hip pain 5) Neck pain 6) Low back pain Per 07/16/14 progress report, the patient continues to have pain in her hips, left greater than right. The patient reports experiencing headaches radiating from her head. The patient is taking Ibuprofen, Lidoderm 5% patch as directed, Cyclobenzaprine, Lidoderm 5% film 1 patch once a day. Per 05/21/14 progress report, the patient uses Ibuprofen and Cyclobenzaprine for her pain with suboptimal results. The utilization review determination being challenged is dated on 09/22/14. Treatment reports were provided from 04/10/13 to 10/27/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm Patches 5% # 60 with 2 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine patch) Page(s): 56-57; 112.

**Decision rationale:** The patient presents with pain and weakness in her neck, lower back and extremities. The request is for Lidoderm Patches 5% #60 with 2 refills. 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 (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica)." 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 documented for pain and function. This patient has been utilizing Lidoderm patches since at least 04/30/14. The patient does not present with neuropathic pain that is peripheral and localized. There is no documentation to show this topical has been effective. The request is not medically necessary.