

<b>Case Number:</b>	CM14-0205567		
<b>Date Assigned:</b>	12/17/2014	<b>Date of Injury:</b>	03/01/2008
<b>Decision Date:</b>	02/12/2015	<b>UR Denial Date:</b>	11/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2014

### 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 Anesthesiology, has a subspecialty in Acupuncture & Pain 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:

51y/o female injured worker with date of injury 3/1/08 with related neck and low back pain. Per progress report dated 9/4/14, the injured worker rated her low back pain at 7/10 with radiation to the bilateral lower extremities, worse on the left. The leg pain was described as tingling and numbness as well as burning type pain. Lower back pain was mostly sharp shooting type to constantly achy type. There was also persistent neck pain which mostly radiated to the scapular region from the lower cervical region. The neck pain was rated 5/10. Per physical exam, spasms were noted in the lumbar paraspinal muscles and stiffness was noted in the lumbar spine. Dysesthesia was noted to light touch in the left L5 more so than the S1 dermatome. Tenderness was noted at the bilateral posterior superior iliac spine which was worse on the left, tenderness was also noted in the lumbar facet joints. Spasms were noted in the cervical paraspinal muscles and stiffness noted in the cervical spine. Treatment to date has included physical therapy and medication management. The date of UR decision was 11/10/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm Patch 5% 12 hours on 12 hours off #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines page 112 states, "Lidocaine Indication: Neuropathic pain 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). Topical Lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain."The medical records submitted for review do not indicate that there has been a trial of first-line therapy (tri-cyclic or SNRI antidepressants or an anti-epilepsy drug). There is also no diagnosis of diabetic neuropathy or post-herpetic neuralgia. As such, Lidoderm is not recommended at this time. The request is not medically necessary.