

<b>Case Number:</b>	CM14-0044101		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	10/13/2006
<b>Decision Date:</b>	04/08/2015	<b>UR Denial Date:</b>	03/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/18/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 46-year-old male reported a work-related injury on 10/13/2006. According to the progress notes from the treating provider dated 11/14/13, the injured worker (IW) reports low back and left shoulder pain. Diagnoses include thoracic sprain/strain, lumbar degenerative disc disease, lumbar or thoracic neuritis chronic pain due to trauma. Previous treatments include medications, home exercise program, TENS and physical therapy. The treating provider requests Lidoderm patches, #60. The Utilization Review on 03/12/2014 non-certified the request for Lidoderm patches, #60, citing CA MTUS guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **LIDODERM PATCHES Q 12 HRS #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine Patch) Page(s): 56-57.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical lidocaine Topical analgesic Page(s): 56-57, 111-113. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Lidoderm.

**Decision rationale:** The 46 year old patient presents with pain in the lower back, neck, shoulders, right foot, right shin, and buttocks, rated at 8/10, as per progress report dated 12/02/13. The request is for LIDODERM PATCHES Q 12 HRS # 60. There is no RFA for this case, and the patient's date of injury is 10/23/06. Diagnoses, as per progress report dated 12/02/13, included thoracic sprain/strain, lumbar degenerative disc disease, lumbar or thoracic neuritis, and chronic pain due to trauma. Medications included Norco, Omeprazole, Mentherm gel, and Lidoderm patches. MTUS guidelines page 57 states, "topical Novocaine 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 pregabalin or Lyrica)." MTUS Page 112 also states, "Lidocaine Indication: Homeopathic pain Recommended for localized peripheral pain." When reading ODG guidelines, it specifies that epidermal patches are indicated as a trial if there is "evidence of localized pain that is consistent with a homeopathic 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, a prescription for Lidoderm patch was only noted in progress report dated 12/02/13. However, the treater states that the prescription is for a 'refill,' thereby indicating that the patient has used the patch in the past. Nonetheless, the treater does not document specific increase in function or reduction in pain due to the patch. Additionally, there is no indication of peripheral neuropathic pain for which the patch is indicated. Hence, the request IS NOT medically necessary.