

<b>Case Number:</b>	CM14-0077473		
<b>Date Assigned:</b>	03/09/2015	<b>Date of Injury:</b>	06/15/2000
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	05/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2014

### 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:

The injured worker is a 69-year-old male, who sustained an industrial injury on June 14, 2000. He has reported low back pain with radiating pain to the bilateral lower extremities. The diagnoses have included post-lumbar laminectomy syndrome, disc disorder of the lumbar spine, lumbar radiculopathy and low back pain. Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention of the lumbar spine, conservative therapies, pain medications and work restrictions. Currently, the IW complains of low back pain with radiating pain to the bilateral lower extremities. The injured worker reported an industrial injury in 2000, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. He was treated with steroid injections with temporary benefit. He was noted to have inappropriate urinary drug screens secondary to running out of pain medication and borrowing medications from a family member and continued to be monitored for medication compliancy. He reported needing pain medications to maintain function. Evaluation on March 6, 2014, revealed continued pain. On May 14, 2014, Utilization Review non-certified a request for Lidoderm 5% #30, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On May 27, 2014, the injured worker submitted an application for IMR for review of requested Lidoderm 5% #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm 5% #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics (Namaka 2004) Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical lidocaine Page(s): 56-57, 112. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Lidoderm.

**Decision rationale:** The patient presents with lumbar radiculopathy, lumbar disc disorder, low back pain, and post lumbar laminectomy syndrome, as per progress report dated 05/12/14. The request is for LIDODERM 5% # 30. The RFA for this case is dated 04/24/14, and the patient's date of injury is 06/14/00. Medications, as per progress report dated 05/02/14, included Zoloft, Norco, Trazodone, Lidoderm patch, Duragesic patch, Singulair, Spiriva, Symbicort, Androgel, Aspirin, and Metoprolol. The patient is not working, as per progress report dated 05/02/14. 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: Neuropathic 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 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, only two progress reports dated prior to the UR denial date were available for review, and both reports document the use of Lidoderm patch. In progress report dated 05/02/14, the treater states that the "patient reports 20% neuropathic pain relief for 2-3 days after use of Lidoderm patches on low back." However, in the same report, the treater states that the patient's activity level remains the same. MTUS guidelines, nonetheless, require documentation of improvement in both pain and function due to use of Lidoderm patch. Hence, the request IS NOT medically necessary.