

<b>Case Number:</b>	CM14-0094460		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	04/05/1999
<b>Decision Date:</b>	02/11/2015	<b>UR Denial Date:</b>	06/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/20/2014

### 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 New Jersey. 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 worker is a 54 year old female who was injured on 4/5/1999. She was diagnosed with lumbar intervertebral disc degeneration, chronic pain syndrome, and lumbosacral radiculitis. She was treated with medications for her pain such as opioids, topical lidocaine, anti-epileptics, antidepressants, muscle relaxants, and sleep aids. She was also treated with surgery (lumbar). On 5/21/14, the worker was seen by her treating physician reporting somewhat controlled pain, but with "lots of muscle spasms", especially at night. She rated her back and leg pain level without medications 10/10 on the pain scale and 8/10 with her medications (Ambien, fentanyl, Lidoderm, Lyrica, Norco, Skelaxin, trazodone). No report was included in the note regarding any one medication and its independent effect on the worker's functional capacity with their use. Physical findings included diminished ankle and knee reflexes, normal bilateral leg sensation and motor strength, and negative straight leg raise test. She was then recommended to continue her same medications and was given trigger point injections in her rhomboid muscle area.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm 5% 700mg patch:** Upheld

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

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

**Decision rationale:** The MTUS Guidelines for Chronic Pain state that topical lidocaine is not a first-line therapy for chronic pain, but may be recommended for localized peripheral neuropathic pain after there has been evidence of a trial of first-line therapy (including tri-cyclic, SNRI antidepressants, or an AED such as gabapentin or Lyrica). Topical lidocaine is not recommended for non-neuropathic pain as studies showed no superiority over placebo. In the case of this worker, there was a history of lumbar radiculopathy, some evidence of persistent radiculopathy even with the use of Lyrica and Lidoderm, but there was insufficient reporting of the direct effect of Lidoderm independent of the other medications on the worker's pain symptoms, which is required before any consideration for renewal can be made for this medication. Therefore, for now, the Lidoderm will be considered medically unnecessary until evidence of independent benefit can be provided for review.