

<b>Case Number:</b>	CM15-0000757		
<b>Date Assigned:</b>	01/12/2015	<b>Date of Injury:</b>	04/14/2003
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	12/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/05/2015

### 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: Texas, California  
 Certification(s)/Specialty: Family Practice

### 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 is a 41 year old female patient, who sustained an industrial injury on 4/14/2003. She sustained the injury due to slip and fall incident. The diagnoses include post laminectomy syndrome -lumbar, sacrococcydynia, radiofrequency ablations status post lumbar facet neorotomy L3-4 and L4-5 on 8/1/12, status post lumbar posterior/anterior L4-S1 fusion with instrumentation, occipital neuralgia secondary to chronic muscle spasm, cervicogenic headache/migraine, depression and insomnia due to pain. Per the doctor's note dated 12/1/2014, she had complained of increasing migraine headaches with continued low back pain and discomfort around sacrococcygeal region. The physical examination revealed tenderness and limited range of motion of the lumbar spine and negative straight leg raising test. The medications list includes tramadol, zomig, lunesta, lexapro, ibuprofen, lidocaine patch and dendracin lotion. She has undergone ganglion impar blocks on 9/16/14, radiofrequency ablation, L5-S1 fusion and trigger point injections for this injury. She has had physical therapy visits, acupuncture and psychotherapy for this injury. On 12/16/14 Utilization Review non-certified Lidocaine patches 5% #30. The MTUS Guidelines were cited. On 1/5/15, the injured worker submitted an application for IMR for review of Lidocaine patches 5% #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidocaine patches 5% #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics, page 111-113, Lidoderm (lidocaine patch) page 56-57.

**Decision rationale:** According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. According to the MTUS Chronic Pain Guidelines, 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). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Failure of antidepressants and anticonvulsants for these symptoms are not specified in the records provided. Intolerance to oral medications for pain, is not specified in the records provided. Any evidence of post-herpetic neuralgia is not specified in the records provided. The medical necessity of Lidocaine patches 5% #30 is not fully established for this patient, and the request is therefore not medically necessary.