

<b>Case Number:</b>	CM15-0006742		
<b>Date Assigned:</b>	01/21/2015	<b>Date of Injury:</b>	03/13/2009
<b>Decision Date:</b>	03/18/2015	<b>UR Denial Date:</b>	12/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/12/2015

### 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: 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 46-year-old male with a date of injury as 03/13/2009. The current diagnoses include low back pain, status post lumbar surgery, cervical pain, status post cervical surgery, and opioid dependence. Previous treatments include medications and surgery. Report dated 11/10/2014 noted that the injured worker presented with complaints that included cervical and lumbar complaints. Physical examination revealed decreased range of motion of the cervical and lumbar spine and antalgic gait. Report dated 09/29/2014 notes that the injured worker is getting some benefit from the Lidoderm patch. The utilization review performed on 12/16/2014 non-certified a prescription for Lidoderm patches based on reports provided do not indicate objective functional benefit with medication use and failed trials of other first-line recommendations. The reviewer referenced the California MTUS in making this decision.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

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

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

**Decision rationale:** This patient presents with lower back pain. The treater has asked for LIDODERM PATCHES 5% #30 on 9/29/14. The patient is currently using Lidoderm patches and is getting some benefit per 9/29/14 report. The patient has been using Lidoderm since 9/3/14. MTUS guidelines page 57 states, "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)." MTUS Page 112 also states, "Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain." When reading ODG guidelines, it specifies that lidoderm 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, the patient has chronic back pain. The patient has been using Lidoderm patches for 3 weeks with some benefit. MTUS page 60 require documentation of function and pain reduction when medications are used for chronic pain. Lidoderm patches are not indicated for chronic low back pain, but peripheral neuropathic pain. The request IS NOT medically necessary.