

<b>Case Number:</b>	CM15-0108630		
<b>Date Assigned:</b>	06/12/2015	<b>Date of Injury:</b>	12/02/1992
<b>Decision Date:</b>	08/18/2015	<b>UR Denial Date:</b>	06/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/04/2015

### 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 73 year old male, who sustained an industrial injury on December 2, 1992. The initial diagnosis and symptoms experienced, by the injured worker, were not included in the documentation. Treatment to date has included medication, assistive device for ambulation, urine drug screen, laboratory tests, CT scan and nerve conduction study. Currently, the injured worker complains of constant low back pain rated at 6-10 on 10 described as aching, annoying, burning and shooting. The injured worker is diagnosed with lumbosacral spine radiculopathy, lumbar spondylosis and lumbar spinal stenosis. His work status was not included in the documentation. A note dated May 28, 2015 states there is tenderness at the lumbar spine and there is limited range of motion. He uses a walker for ambulation due to an altered gait. A note dated 4/30/15 states the injured worker is experiencing therapeutic efficacy from the pain medication. Of note, there is documentation dating back to 1979 regarding back pain and treatment modalities (x-ray, injections, chiropractic care etc.). A request for Topical Lidoderm 5% patch #30 is sought to continue to alleviate the injured workers symptoms of pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Topical Lidoderm 5% (700mg/patch) adhesive patch #30: 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 lidoderm patches Page(s): 56, 57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Chapter under Lidoderm (lidocaine patch).

**Decision rationale:** Based on the 05/28/15 progress report provided by treating physician, the patient presents with pain to low back and lower extremities rated 6-8/10. The request is for TOPICAL LIDODERM 5% (700MG/PATCH) ADHESIVE PATCH #30. Patient's diagnosis per Request for Authorization form dated 05/29/15 includes thoracic/lumbosacral neuritis/radiculitis unspecified, lumbar spondylosis, and lumbar spinal stenosis without neurogenic claudication. The patient ambulates with a walker. Physical examination to the lumbar spine on 05/28/15 revealed tenderness and limited range of motion. Treatment to date has included imaging and electrodiagnostic studies, injections, chiropractic, and medications. Patient's medications include Dilaudid, Norco, Miralax, Docusate sodium and Lidoderm patches. The patient is permanent and stationary, per 05/28/15 report. 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." Page 112 also states, "Lidocaine indication: neuropathic pain. Recommended for localized peripheral pain." ODG guidelines, Pain (Chronic) Chapter under Lidoderm (lidocaine patch) states: "Recommended for a trial if there is evidence of localized pain that is consistent with a neuropathic etiology...A Trial of patch treatment is recommended for a short-term period (no more than four weeks)...This medication is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points...The area for treatment should be designated as well as number of planned patches and duration for use (number of hours per day)...Continued outcomes should be intermittently measured and if improvement does not continue, lidocaine patches should be discontinued." Treater has not provided medical rationale for the request. Lidocaine patches are not indicated for this patient's chief complaint of chronic lower back pain with leg component. MTUS guidelines state that Lidocaine patches are appropriate for localized peripheral neuropathic pain. This patient presents with lower back and lower extremity pain, not a localized peripheral neuropathic pain, for which Lidocaine patches are indicated. There is no documentation of other complaints for which this medication would be considered appropriate, either. This request is not in accordance with guideline indications. Therefore, the request IS NOT medically necessary.