

<b>Case Number:</b>	CM15-0135224		
<b>Date Assigned:</b>	07/23/2015	<b>Date of Injury:</b>	08/04/2002
<b>Decision Date:</b>	08/26/2015	<b>UR Denial Date:</b>	06/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/13/2015

### 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:

This 71 year old female sustained an industrial injury on 8/04/02. She subsequently reported back pain. Diagnoses include lumbar region spinal stenosis and sciatica. Treatments to date include prescription pain medications. The injured worker continues to experience chronic low back pain. Upon examination, vitals were taken and the pain index was noted to be at 6. A request for Lidoderm patch 5% #30 (3 refills) was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm patch 5% #30 (3 refills): 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 Patches Page(s): 56, 57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Chapter under Lidoderm (lidocaine patch).

**Decision rationale:** This patient presents with chronic low back pain. The current request is for Lidoderm patch 5% #30 (3 refills). The RFA is dated 06/17/15. Treatment to date has included

medications. The patient is not working. 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." According to progress report 06/11/15, the patient presents with chronic back pain. Physical examination included vitals and pain index was noted to be at 6. A request for refill of Lidoderm patch 5% #30 (3 refills) was made. The treater does not provide a rationale for the requested Lidoderm patches. Lidocaine patches are not indicated for this patient's chief complaint of lower back pain. MTUS guidelines state that Lidocaine patches are appropriate for localized peripheral neuropathic pain. This patient presents with lower back 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.