

<b>Case Number:</b>	CM15-0140286		
<b>Date Assigned:</b>	07/30/2015	<b>Date of Injury:</b>	05/13/2002
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	07/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/20/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 60 year old male, who sustained an industrial injury on 5-13-2002. The mechanism of injury is unclear. The injured worker was diagnosed as having lumbar disc degeneration. Treatment to date has included urine drug screen (6-19-2015), lumbar epidural steroid injections, trigger point injections. The request is for Lidoderm 5% patches. He is noted to have been utilizing Lidoderm 5% patches since at least February 2014, possibly longer. On 2-27-2015, he reported low back pain with no acute changes. He indicated the pain to radiate into the left lower extremity intermittently. He indicated that he had not had much left lower extremity pain in the last couple of months. A CURES report is consistent with prescriptions. On 6-19-2015, he reported chronic low back and left lower extremity pain. He indicated the pain to radiate down the left lower extremity intermittently from the low back. He reported more back pain which he rated 6-7 out of 10. He reported that Norco takes his pain down to 1-2 out of 10. He is working full duty. The treatment plan included: Lidoderm 5% patches, Norco, and Gabapentin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm 5% patch 700 mg patch Quantity 30 with 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 Topical analgesics Page(s): 111-112.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines p112 states "Lidocaine Indication: Neuropathic pain 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). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The medical records submitted for review indicate that the injured worker is being treated with gabapentin. There is no diagnosis of diabetic neuropathy or post-herpetic neuralgia. There is no documentation of localized peripheral neuropathic pain. As such, lidoderm is not recommended at this time. The request is not medically necessary.