

<b>Case Number:</b>	CM15-0161545		
<b>Date Assigned:</b>	08/27/2015	<b>Date of Injury:</b>	07/19/2008
<b>Decision Date:</b>	10/02/2015	<b>UR Denial Date:</b>	08/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/17/2015

### 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 42 year old female, who sustained an industrial injury on July 19, 2008, incurring low back and upper back injuries. She was diagnosed with lumbar disc displacement, cervical disc disease, and right lumbar radiculopathy. Treatment included lumbar fusion surgery, cervical fusion surgery, pain medications, muscle relaxants, topical analgesic patches, neuropathic medications, antidepressants and activity restrictions. Currently, the injured worker complained of chronic, persistent low back pain radiating into the bilateral lower extremities. She noted increased muscle spasms and decreased motor function requiring a walker for ambulation. She rated her pain 7 out of 10 on a pain scale which interfered with her daily activities. The treatment plan that was requested for authorization included a prescription for Lidoderm patches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine Patches) Page(s): 56-57, 112.

**Decision rationale:** Based on the 7/28/15 progress report provided by the treating physician, this patient presents with persistent neck and low back pain with radiating symptoms, rated 6-7/10 on VAS scale. The treater has asked for LIDODERM PATCH 5% #30 on 7/28/15. The patient's diagnoses per request for authorization form dated 7/28/15 are lumbar disc displacement. The patient is s/p cervical fusion C6-7 and lumbar fusion L5-S1 from unspecified dates, per 6/12/15 report. She has radiating right leg pain per 5/19/15 report. The patient has been recommended for spinal cord stimulator as she is intolerant of opioid medication, is not a surgical candidate, and continues to be symptomatic per 7/28/15 report. The patient is currently on a home exercise program and is currently utilizing lyrica and tizanidine per 7/28/15 report. The patient's work status is temporarily totally disabled as of 5/19/15 report. MTUS guidelines page 56, 57 Lidoderm (Lidocaine Patches) Section states that 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. Lidoderm patch has not been included in patient's list of medications, per review of progress reports dated 2/18/15 to 7/28/15. In this case, treater has not provided reason for the request nor location to be treated. MTUS guidelines state that Lidocaine patches are appropriate for localized peripheral neuropathic pain. Lidoderm patches are not indicated for the patient's chief complaint of low back pain. The patient presents with right leg pain, for which this medication would be indicated, but there is no discussion of how the Lidoderm patch is to be used. Utilization review letter dated 8/5/15 states that the treater physician mentioned this medication would be used for a recent flare up of low back pain. This request is not in accordance with guideline indications. Therefore, the request IS NOT medically necessary.