

<b>Case Number:</b>	CM15-0168801		
<b>Date Assigned:</b>	09/15/2015	<b>Date of Injury:</b>	04/02/2012
<b>Decision Date:</b>	10/14/2015	<b>UR Denial Date:</b>	08/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 68 year old female who sustained an industrial injury on 04-02-2012. Treatment to date has included medications, steroid injections, acupuncture and right trigger finger release. Treatment with medications has included Ibuprofen, Lidoderm patches 5% (dating back to 2014) and Nabumetone. According to a progress report dated 07-06-2015, the injured worker had no help after 2 sessions of acupuncture. She reported pain in the upper back, mid back, lower back and right hip with radiation to the right leg. Pain was associated with tingling in the right leg. Pain was "frequent in frequency and moderate to severe in intensity". Pain was rated 8 on a scale of 0-10. She described pain as sharp, cramping, electric like and burning. She reported that her symptoms had been unchanged since the injury. She could walk one block before having to stop because of her pain. Over the past month she avoided physical exercise, performing household chores, driving, doing yard-work, shopping or having sexual relations because of pain. There was tenderness to palpation over the right lumbar paraspinal muscles. There was right sciatic notch tenderness. There was sacroiliac joint tenderness on the right. Examination of the hand revealed tenderness to palpation over the base of the right 3rd digit. Motor strength was 5 out of 5 and symmetric throughout the bilateral and upper and lower extremities. There was diminished sensation in the right L5 dermatome of the lower extremities. Reflexes were symmetric at 1 plus out of 4 in the bilateral lower extremities. Diagnoses included lumbosacral spondylosis without myelopathy and sacroiliitis not elsewhere classified. Short-term improvement was noted with TENS unit. Medications prescribed included Lidoderm patch 5%

one patch every 24 hours #30 with 2 refills. The injured worker was permanent and stationary. On 08-05-2015, Utilization Review non-certified the request for Lidoderm 5% patch quantity 90.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Lidoderm 5% patch, Qty 90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch).

**Decision rationale:** The claimant sustained a work injury in April 2012 and is being treated for pain throughout the back and right hip with radiating right lower extremity symptoms including tingling. When seen, there had been no improvement after physical therapy or acupuncture treatments. Chiropractic treatments were pending. She was using TENS. Physical examination findings included decreased lumbar range of motion with right paraspinal muscle tenderness and right sciatic notch tenderness. There was right sacroiliac joint tenderness. There was decreased right lower extremity sensation. She had tenderness at the base of the right third finger. Topical lidocaine in a formulation that does not involve a dermal-patch system can be recommended for localized peripheral pain. Lidoderm is not a first-line treatment and is only FDA approved for postherpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. In this case, there are other topical treatments that could be considered. Lidoderm was not medically necessary.