

<b>Case Number:</b>	CM15-0169629		
<b>Date Assigned:</b>	09/10/2015	<b>Date of Injury:</b>	10/21/2009
<b>Decision Date:</b>	10/07/2015	<b>UR Denial Date:</b>	08/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2015

### 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: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 61 year old female who sustained an industrial injury on 10-21-09. A review of the medical records indicates that the injured worker is undergoing treatment for cervical degenerative disc changes and protruding discs, with cervical stenosis and diffuse posterior facet arthropathy. Medical records (07-30-15) indicate pain in the neck, across the shoulders and upper back, rated at 8/10 without medications and 6/10 with medications. The physical exam indicates decreased range of motion of the cervical spine due to pain. Treatment has included medications, bilateral shoulder surgery, a cervical medial branch block and cervical radiofrequency ablations and denervations. The treating provider indicates the treatment plan includes Butrans patches. The original utilization review (08-03-15) noncertified Lidoderm patches, as there was no evidence of localized peripheral pain, or a trial of first line medications including tricyclic antidepressants, selective serotonin reuptake inhibitors or anti-epileptics.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm 5% patch (700mg/patch) #30 with 3 refills: 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): Topical Analgesics.

**Decision rationale:** According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Lidocaine is 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). Lidoderm has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. In this case the claimant did not have the above diagnoses. Long-term use of topical analgesics such as Lidoderm patches is not recommended. The claimant was on Lidoderm for over a year along with oral opioids. The request for continued and long-term use of Lidoderm patches as above is not medically necessary.