

<b>Case Number:</b>	CM15-0181766		
<b>Date Assigned:</b>	09/23/2015	<b>Date of Injury:</b>	05/08/2004
<b>Decision Date:</b>	10/28/2015	<b>UR Denial Date:</b>	09/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2015

### 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: North Carolina

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 51 year old male with a date of injury on 05-08-2004. The injured worker is being treated for chronic pain syndrome, thoracic or lumbosacral neuritis or radiculitis, post laminectomy syndrome of the lumbar region, dental caries and abscesses, sacroiliitis, myalgia and myositis, disturbance of skin sensation, lumbar facet joint pain, myofascial pain, sacroiliac joint somatic dysfunction, lumbar radiculopathy, and degeneration of lumbar or lumbosacral intervertebral disc. Physician progress notes dated from 06-19-2015 to 08-28-2015 documents the injured worker complains of chronic low back pain with right lower extremity pain in the setting of failed back surgery. He present for medications refills. He rates his pain as 4 out of 10 with medications and 10 out of 10 without. He has started aqua therapy and is doing well. He reports benefit from his chronic pain medications, activity restriction and rest continue to keep pain within a manageable level to allow him to complete necessary activities of daily living. His medications include Methadone (since 11-21-2014), Valium, Norco (since 11-21-2014), Lidoderm (since 11-21-2014), and an over the counter anesthetic gel. It is documented he has adverse medication effects of a dry mouth and multiple areas of dental decay with fractured teeth. He walks with a cane in a forward position. Lumbar range of motion is restricted and painful. He has constant dyesthesia, hypoesthesia and spasms down the right leg and intermittently on his left leg. There is hypoesthesia on the right foot. The injured worker is to continue with the use of heat, ice, rest, and gently stretching exercises which can be tolerated without exacerbating pain. Treatment to date has included diagnostic studies, medications, and status post lumbar surgery, status post spinal cord stimulator implantation, and aqua therapy. The Request for Authorization dated 08-27-2015 includes Lidoderm patch 5%, Methadone, and Norco. On 09-09-2015 the Utilization Review noncertified the request for Lidoderm 5 Percent Patch #90 with 3 Refills.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm 5 Percent Patch #90 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:** The California chronic pain medical treatment guidelines section on topical lidocaine 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. Non-dermal patch formulations are generally indicated as local anesthetics and anti-pruritics. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-pruritics. In February 2007 the FDA notified consumers and healthcare professionals of the potential hazards of the use of topical lidocaine. Those at particular risk were individuals that applied large amounts of this substance over large areas, left the products on for long periods of time, or used the agent with occlusive dressings. Systemic exposure was highly variable among patients. Only FDA-approved products are currently recommended. (Argoff, 2006) (Dworkin, 2007) (Khaliq-Cochrane, 2007) (Knotkova, 2007) (Lexi-Comp, 2008) Non-neuropathic pain: Not recommended. There is only one trial that tested 4% lidocaine for treatment of chronic muscle pain. The results showed there was no superiority over placebo. (Scudds, 1995) This medication is recommended for localized peripheral pain. The patient does have lower extremity pain, however the patient has no documented failure of all first line agents indicated for the treatment of neuropathic pain as outlined above. Therefore criteria as set forth by the California MTUS as outlined above have not been met and the request is not medically necessary.