

<b>Case Number:</b>	CM15-0185140		
<b>Date Assigned:</b>	09/30/2015	<b>Date of Injury:</b>	10/29/2011
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	08/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/21/2015

### 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 36 year old female, who sustained an industrial injury on 10-29-2011. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for chronic low back pain, displacement of lumbar intervertebral disc, thoracic or lumbar neuritis or radiculitis, lumbar spondylosis, and disorders of the shoulder tendons bursae with ongoing left shoulder pain. Medical records (02-23-2015 to 08-24-2015) indicate ongoing and increasing chronic low back pain with radiation into the left lower extremity, and increasing left shoulder pain. Back pain levels were rated from 4-6 out of 10 on a visual analog scale (VAS) to 10+ out of 10 and described as a burning, stabbing and aching sensation in the low back (left greater than right). The left shoulder pain was rated 6 out of 10 and described as aching and tender. Records also indicate no changes in activity levels or level of functioning. Per the treating physician's progress report (PR), the IW has not returned to work. The physical exam, dated 08-24-2015, revealed tenderness to the L4-S1 and sciatic notch, restricted flexion of the lumbar spine with pain at 10°, positive straight leg raises bilaterally, tenderness around the left shoulder girdle, reduced left shoulder abduction with pain, slightly decreased left rotator cuff strength, with left external rotation, and positive Hawkin's, Kennedy, and Neer's impingement tests. Relevant treatments have included: a left L4-5 microdiscectomy, lumbar epidural steroid injections, physical therapy (PT), work restrictions, and pain medications. Current medications included ibuprofen, Ultram, and Lisinopril. The IW was offered additional oral medications for pain, but refused due to "not wanting to use lots of medications". The PR and request for authorization (08-24-2015) shows that the following medication was requested: 5% Lidoderm patch 700mg

#30. The original utilization review (08-27-2015) non-certified the request for 5% Lidoderm patch 700mg #30.

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

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

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

**Decision rationale:** The current request is for LIDODERM 5% (700MG/PATCH) #30. The RFA is dated 08/24/15. Treatments have included: a left L4-5 microdiscectomy, lumbar epidural steroid injections, physical therapy (PT), work restrictions, and pain medications. The patient has not returned to work. MTUS Guidelines, Topical Analgesics section, page 112 has the following under Lidocaine Indication: "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. MTUS Topical Analgesics section, page 111 also states: " Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. MTUS Guidelines, Lidoderm (Lidocaine patch) section, page 56-57 states: "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.) MTUS Topical analgesics section, page 112 also states: Lidocaine indication: neuropathic pain. Recommended for localized peripheral pain." Per report 08/24/15, the patient presents with indicate ongoing and increasing chronic low back pain with radiation into the left lower extremity, and increasing left shoulder pain. Examination revealed tenderness to the L4-S1 and sciatic notch, restricted flexion of the lumbar spine with pain at 10, positive straight leg raises bilaterally, tenderness around the left shoulder girdle, reduced left shoulder abduction with pain, slightly decreased left rotator cuff strength, and positive Hawkin's, Kennedy, and Neer's impingement tests. This appears to be an initial request of Lidoderm patches, as prior reports provide no discussion regarding this medication. This patient presents with lower back pain, and right shoulder pain, not a localized neuropathic pain amenable to topical Lidocaine. While topical Lidocaine is considered appropriate for peripheral neuropathic complaints, the provider does not specify where these patches are to be applied, such patches are only supported for a localized peripheral neuropathic pain. Without evidence that this patch is being utilized for such a complaint, the request cannot be supported. Therefore, the request IS NOT medically necessary.