

<b>Case Number:</b>	CM15-0185335		
<b>Date Assigned:</b>	09/25/2015	<b>Date of Injury:</b>	10/27/2010
<b>Decision Date:</b>	11/02/2015	<b>UR Denial Date:</b>	08/24/2015
<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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

### 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 56 year old female, who sustained an industrial injury on 10-27-10. The injured worker is undergoing treatment for lumbar spondylosis, lumbar facet syndrome, right thumb arthritis and chronic pain syndrome. Medical records dated 8-11-15 indicate the injured worker complains of low back pain and stiffness but does not indicate a pain scale. She reports going to the emergency department for an episode cramping and edema in the legs since her last exam. Physical exam dated 8-11-15 notes "her gait is normal. Her range of motion (ROM) is slightly decreased secondary to pain." An exam dated 3-13-15 indicates lumbar facet rhizotomy provide "substantial improvement." Treatment to date has included magnetic resonance imaging (MRI), rhizotomies, Lidoderm patch, Suboxone (being weaned off), Prilosec and Xanax. The original utilization review dated 8-24-15 indicates the request for Suboxone 4mg #30 and Prilosec 20mg #30 is certified, Lidoderm patch 5% #30 2 refills is non-certified and Xanax 0.5mg #30 is not reviewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm patch 5% #30 x2 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): Lidoderm (lidocaine patch).

**Decision rationale:** Lidoderm patch 5% #30 x2 refills are not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state 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). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. The documentation does not indicate failure of all first line therapy for peripheral pain. The documentation does not indicate a diagnosis of post herpetic neuralgia. The documentation does not reveal evidence of localized peripheral pain or functional improvement from prior use. Additionally, 2 refills would not be appropriate without evidence of efficacy. For these reasons, the request for Lidoderm Patch 5% is not medically necessary.