

<b>Case Number:</b>	CM15-0185886		
<b>Date Assigned:</b>	09/28/2015	<b>Date of Injury:</b>	11/06/2006
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	09/04/2015
<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: Emergency 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 69-year-old, male who sustained a work related injury on 11-6-06. The problems have included psychophysiologic disorder, chronic pain syndrome, thoracic post-laminectomy syndrome, lumbar post-laminectomy syndrome, low back pain and lumbosacral radiculitis. He is being treated for low back pain. Treatments have included a right L4-5 transforaminal epidural steroid injection (3-16-15 with improvement of pain - about 50% for about 3 months), physical therapy, and home exercises. Current medications include Advil, gabapentin and Lidoderm patches. He has been taking the gabapentin and using the Lidoderm patches since at least 3-11-15. In the progress notes dated 8-25-15, the injured worker reports his low back pain "remains unchanged". It has been "worsening" over the last 5 months. His radicular symptoms also "continue to worsen". Standing from a sitting position makes pain worse. On physical exam, he has a slow, unsteady gait. Ambulatory behaviors "guarded movements" and he changes positions frequently. No notation of working status. The treatment plan includes refills of medications. The Request for Authorization dated 8-26-15 is requesting gabapentin 300mg #90 and Lidoderm 5% patches #30. In the Utilization Review, dated 9-4-15, the requested treatment of Lidoderm 5% patches #30 with 2 refills is not medically necessary.

### 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 with 2 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:** As per MTUS chronic pain guidelines, lidoderm is only approved for peripheral neuropathic pain, specifically post-herpetic neuralgia. There is poor evidence to support its use in other neuropathic pain conditions such as spinal or radicular pain. It may occasionally be recommended after failure of 1st line treatment for neuropathic pain which is not documented. Patient has been using this medication since 1/2015 but there are no details as to total length of use or who approved this medication. There is no documentation of any objective improvement in pain or function despite claims that lidoderm decreases pain by "50%" in note from 1/15. There is no recent notes concerning the efficacy of this medication and the multiple notes stating that patient has worsening pain invalidates any claimed benefit from this medication. The number of refills is not appropriate as per MTUS guideline concerning monitoring and reassessment. Lidoderm patches are not medically necessary.