

<b>Case Number:</b>	CM15-0186543		
<b>Date Assigned:</b>	09/28/2015	<b>Date of Injury:</b>	05/11/2007
<b>Decision Date:</b>	11/03/2015	<b>UR Denial Date:</b>	09/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2015

### 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: Massachusetts

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

### 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 40 year old male, who sustained an industrial injury on May 11, 2007. The injured worker was diagnosed as having thoracic or lumbosacral spine neuritis or radiculitis unspecified and degeneration of lumbar or lumbosacral intervertebral disc. Treatment and diagnostic studies to date has included status post lumbar epidural steroid injection performed on August 17, 2015, physical therapy, medication regimen, psychiatric evaluation, psychotherapy sessions, and magnetic resonance imaging of the lumbar spine. In a progress note dated August 24, 2015 the treating physician reports complaints of pain to the low back with "severe" numbness, tingling, and burning to the right lower extremity along with the treating physician noting an "improvement in symptoms since his injection". Examination performed on August 24, 2015 was revealing for an antalgic gait favoring the right lower extremity, guarded ambulation, and forward flex body posture. On August 24, 2015 the injured worker's medication regimen included Norco (since at least April 2015) and Gabapentin (since at least June 2015). The treating physician noted on August 24, 2015 that the injured worker had a reduction in the use of Norco since his injection and also noted "improve function by greater than 50%" with the injured worker' medication regimen, but the progress note did not indicate the injured worker's pain level as rated on a pain scale prior to use of his medication regimen and after use of his medication regimen to indicate the effects with the use of the injured worker's medication regimen. The progress note from August 24, 2015 also noted prior use of the medications Ibuprofen (last prescribed April 2015) and Robaxin (last prescribed May 2015). On August 24, 2015 the treating physician requested a Lidoderm patch 5% (700mg) with a quantity of 30 for

nerve pain and for Norco weaning. On September 02, 2015 the Utilization Review determined the request for Lidoderm patch 5% (700mg) with a quantity of 30 to be non-certified.

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

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

**Lidoderm patch 5% (700mg) #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch), Topical Analgesics.

**Decision rationale:** The claimant sustained a work injury in May 2007 and continues to be treated for low back pain with right lower extremity radiculopathy. He completed a functional restoration program in 2009 and had been able to return to work until he had a flare-up of symptoms in January 2015. When seen, there had been improvement after an epidural injection. Physical examination findings included guarded movements. There was an antalgic gait. He had decreased right lower extremity sensation and an absent right patellar reflex. There was right lower extremity weakness. He was referred for physical therapy. Gabapentin, Norco, and Lidoderm were prescribed. Topical lidocaine in a formulation that does not involve a dermal-patch system can be recommended for localized peripheral pain. Lidoderm 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. In this case, there are other topical treatments that could be considered. Lidoderm is not considered medically necessary.