

<b>Case Number:</b>	CM15-0191780		
<b>Date Assigned:</b>	10/06/2015	<b>Date of Injury:</b>	05/31/1996
<b>Decision Date:</b>	11/19/2015	<b>UR Denial Date:</b>	09/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 72-year-old who has filed a claim for chronic low back pain, neck pain, hand pain and foot pain with superimposed fibromyalgia reportedly associated with an industrial injury of May 31, 1996. In a Utilization Review report dated September 25, 2015, the claims administrator failed to approve a request for topical Lidoderm patches, apparently prescribed and/or dispensed on September 17, 2015. The full text of the UR decision was not, it was incidentally noted, attached to the application but did appear in the packet of records served by the claims administrator. The claims administrator referenced a September 3, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On October 1, 2015, the applicant reported ongoing complaints of low back, foot, hand, and knee pain reportedly attributed to fibromyalgia and/or superimposed peripheral neuropathic pain. The applicant was on Norco, Duragesic, tizanidine, Neurontin, Lunesta, and Pamelor, it was reported. Several of the same were renewed and/or continued. The applicant was using a walker to move about. The applicant's work status was not clearly stated, although it did not appear that the applicant was working. There was no explicit mention of the Lidoderm patches in question on the October 1, 2015 office visit. On an October 5, 2015 RFA form, both Neurontin and Lidoderm patches were seemingly endorsed. On September 3, 2015, the applicant reported ongoing complaints of low back pain, neck pain, peripheral neuropathic pain, knee pain, hand pain, etc. The applicant was using Norco, Duragesic, tizanidine, Neurontin, Lunesta, Pamelor, and a ketamine spray, it was reported, several of which were renewed and/or continued. The applicant had undergone earlier failed thoracolumbar fusion surgery, it was reported. Once again, there was no mention of the

Lidoderm patches at issue on this office visit. On a September 18, 2015 RFA form, Duragesic, Norco, Neurontin and Lidoderm patches were again endorsed.

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

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

**POS Lidocaine 5% day supply: 30, QTY: 30 with two (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): Topical Analgesics, Introduction.

**Decision rationale:** No, the request for lidocaine patches is not medically necessary, medically appropriate, or indicated here. While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical lidocaine is indicated in the treatment of localized peripheral pain and/or neuropathic pain in applicants in whom there has been a trial of first-line therapy with antidepressants and/or anticonvulsants, here, however, the applicant's concomitant usage of Neurontin, an anticonvulsant adjuvant medication, and Pamelor, an antidepressant adjuvant medication, effectively obviated the need for the Lidoderm patches at issue. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that an attending provider should be "knowledgeable regarding prescribing information." Here, however, multiple progress notes referenced above, including the October 1, 2015 and September 3, 2015 office visit at issue did not contain any explicit mention of the Lidoderm pads in question. The Lidoderm pads were endorsed on RFA forms of October 5, 2015 and September 18, 2015, seemingly without any supporting rationale or commentary. Therefore, the request is not medically necessary.