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| <b>Case Number:</b>   | CM15-0195382 |                              |            |
| <b>Date Assigned:</b> | 10/09/2015   | <b>Date of Injury:</b>       | 12/17/2007 |
| <b>Decision Date:</b> | 11/18/2015   | <b>UR Denial Date:</b>       | 09/10/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/05/2015 |

### 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: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 77 year old female, who sustained an industrial injury on December 17, 2007. The initial symptoms reported by the injured worker are unknown. The injured worker was currently diagnosed as having chronic pain syndrome, post-traumatic headache unspecified, cervical spondylosis without myelopathy and myalgia and myositis unspecified. Treatment to date has included medication and exercise. Trigger point needling to her right trapezius and supraspinatus muscles "helped her a lot" and was noted to lead to minimal medication use. On September 2, 2015, the injured worker complained of pain in her neck, head and trapezius, but "less than before." She also reported right sided headache and tingling. She was noted to be using Aleve or Mobic for her pain, which "helps a bit." Notes stated that she had experience using Lidoderm patch before with "good help on certain days." She is requesting to resume use. The treatment plan included exercise, Mobic, Lidocaine patch and a follow-up visit. On September 10, 2015, utilization review denied a request for Lidocaine 5% patch #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidocaine 5% patch #60:** 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:** According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Lidocaine is 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). In this case the claimant did not have the above diagnoses. The claimant was on topical Lidocaine with other neuroleptics for over a year. Long-term use of topical analgesics such as Lidoderm patches are not recommended. The request for continued and long-term use of topical Lidocaine as above is not medically necessary.