

<b>Case Number:</b>	CM15-0196163		
<b>Date Assigned:</b>	10/09/2015	<b>Date of Injury:</b>	02/18/2011
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	09/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2015

### 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 55 year old male, who sustained an industrial injury on 2-18-11. The injured worker is diagnosed with lumbar spine degenerative spondylosis, lumbar radiculopathy and lumbago. His work-disability status was not addressed. Notes dated 4-24-15-9-4-15 reveals the injured worker presented with complaints of back pain rated at 5-8 out of 10. Physical examinations dated 4-24-15-9-4-15 revealed an altered gait with moderate low back pain. Treatment to date has included medications; Lidoderm patches and Tramadol provides pain relief, per note dated 9-4-15; walks for exercise; uses a cane for stability and psychotherapy. A request for authorization dated 9-1-15 for Lidoderm patches 5% #90 is denied, per Utilization Review letter dated 9-28-15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm patches 5%, #90: Upheld**

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

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

**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). Lidoderm has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. In this case, the claimant did not have the above diagnoses. Long-term use of topical analgesics such as Lidoderm patches are not recommended. The claimant was on Lidoderm for several years along with oral Tramadol with reduction in use of oral medications. The request for continued and long-term use of Lidoderm patches as above is not medically necessary.