

<b>Case Number:</b>	CM15-0196177		
<b>Date Assigned:</b>	10/09/2015	<b>Date of Injury:</b>	10/15/2009
<b>Decision Date:</b>	11/19/2015	<b>UR Denial Date:</b>	09/25/2015
<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 42 year old male who sustained an industrial injury on 10-15-09. A review of the medical records indicates he is undergoing treatment for lumbar radiculopathy, lumbar degenerative disc disease, low back pain, lumbar post-laminectomy syndrome, and mood disorder. Medical records (3-6-15 to 8-21-15) indicate complaints of low back pain radiating to the postero-lateral thigh and calf, including the lateral, bottom, and dorsal aspect of the foot of the right leg. He also complains of numbness over the right leg. He rates the pain "5 out of 10" with medications and "8 out of 10" without medications. He reports the quality of his sleep is "fair". The physical exam (8-21-15) reveals restricted range of motion of the lumbar spine. Flexion is limited to 52 degrees and extension to 12 degrees. Range of motion is restricted due to pain. Spasm and tenderness is noted on palpation of the paravertebral muscles and a "tight muscle band" is noted bilaterally. The straight leg raising test is positive on both sides. Faber test is positive. The ankle jerk is "0 out of 4" bilaterally and the patellar jerk is "1 out of 4" bilaterally. Tenderness is noted over the posterior iliac spine on the right side sacroiliac spine. Diagnostic studies have included a CT scan of the lumbar spine and a EMG-NCV study. Treatment has included physical therapy, a home exercise program, acupuncture, bracing, an epidural injection, an H-wave unit, and medications. His current (8-21-15) medications include Colace, Zanaflex, Salonpas patch, Lidoderm patch, Etodolac, Gabapentin, Flomax, Hydromorphone, Nortriptyline, Viagra, Glyburide, Janumet, Miconazole cream, Byetta, Gemfibrozil, Lanuts insulin, and Pioglitazone. The injured worker has been receiving Lidoderm patches since, at least, 3-6-15. The utilization review (9-25-15) includes a request for

authorization for Lidoderm 5% patch apply 12 hours per day #30 with 3 refills. The request was denied.

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

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

**Lidoderm 5 percent patch (700mg/pack), apply 12 hours per day #30 refills: 3: Upheld**

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

**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 does have diabetes, but the Lidoderm was not used for neuropathy related to diabetes. The claimant was on Lidoderm for several months in combination with opioids, muscle relaxants, and anti-epileptics with only a 1-2 point reduction in pain scores. Long-term use of topical analgesics such as Lidoderm patches are not recommended. The request for continued and long-term use of Lidoderm patches as above is not medically necessary.