

<b>Case Number:</b>	CM15-0202289		
<b>Date Assigned:</b>	10/21/2015	<b>Date of Injury:</b>	03/10/2010
<b>Decision Date:</b>	12/02/2015	<b>UR Denial Date:</b>	09/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2015

### 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: 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 60 year old female, who sustained an industrial injury on 03-10-2010. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for hypertension, lumbar facet arthropathy, osteoarthritis of the left knee, carpal tunnel syndrome, myofascial pain syndrome, and trochanteric bursitis. Medical records (04-16-2015 to 08-06-2015) indicate ongoing and slowly increasing low back pain with radiating pain into both lower extremities, bilateral hip pain, and left wrist pain. Pain levels were rated 5-9 out of 10 in severity on a visual analog scale (VAS). Records also indicate no changes in activity levels or level of functioning. Per the treating physician's progress report (PR), the IW has not returned to work. The physical exam, dated 08-06-2015, revealed restricted and painful range of motion (ROM) in the cervical spine, lumbar spine and left wrist, tenderness to palpation over the cervical and lumbar paravertebral muscles with palpated trigger points, tenderness over the lumbar facet joints, tenderness over the both greater trochanters with multiple trigger points palpated over both ilio-tibial bands, positive Tinel's and Phalen's sign in the left wrist, restricted and painful ROM in the left knee, and tenderness to palpation over the medial joint line. Relevant treatments have included: lumbar radiofrequency ablation (with 50% pain relief and improved ROM), physical therapy (PT), work restrictions, and pain medications (Lidoderm patches since 04-2015). The request for authorization (08-27-2015) shows that the following medication was requested: Lidoderm patches 5% #60. The original utilization review (09-15-2015) non-certified the request for Lidoderm patches 5% #60.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Lidoderm Patch 5 Percent #60:** Upheld

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

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

**Decision rationale:** The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of topical analgesics, including lidocaine, as a treatment modality. In general, these guidelines state that topical analgesics 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. In this case, the medical records do not clarify the rationale for the use of topical lidocaine. There is not a specific diagnosis that is consistent with a neuropathic cause for the patient's pain syndrome. Further, there is insufficient evidence that the patient has been given adequate trials of first-line treatments for neuropathic pain. These first-line treatments include the use of tricyclic antidepressants and antiepilepsy drugs. Without clear evidence that lidocaine is intended for the treatment of neuropathic pain and without clear evidence that first-line treatments have received adequate trials and have failed, the Lidoderm patch is not medically necessary.