

<b>Case Number:</b>	CM15-0204943		
<b>Date Assigned:</b>	10/21/2015	<b>Date of Injury:</b>	03/15/2011
<b>Decision Date:</b>	12/09/2015	<b>UR Denial Date:</b>	10/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/19/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 62 year old female, who sustained an industrial injury on 3-15-11. Medical records indicate that the injured worker is undergoing treatment for displacement of lumbar intervertebral disc with myelopathy, degeneration of cervical intervertebral disc, degeneration of lumbar intervertebral disc, neck pain, low back pain, nonallopthic lesion of the sacral region and cervical post-laminectomy syndrome. The injured workers current work status was not identified. On (10-5-15 and 9-4-15) the injured worker complained of a flare-up of lumbar pain, bilateral hip pain and left lower extremity radicular pain and numbness. The injured workers pain was noted to be poorly controlled. Examination of the lumbar spine revealed swelling over the lumbar region on both sides. Range of motion was normal but painful. Tenderness, trigger points and spasms were not present. A straight leg raise test was positive bilaterally. The injured worker was also noted to have chronic radicular neck pain which has not resolved. Documented treatment and evaluation to date has included medications, toxicology screen and a home exercise program. Current medications include Flector 1.3% patches, Norco, Terocin cream, Lidoderm 5% patches (new prescription) and Voltaren 1% gel. The current treatment request is for Lidoderm 5% (700 mg patch) # 30 with 2 refills. The Utilization Review documentation dated 10-13-15 non-certified the request Lidoderm 5% (700 mg patch) # 30 with 2 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm 5%/700 mg/patch # 30 with 2 Refills:** 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): Topical Analgesics.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines p112 states "Lidocaine Indication: Neuropathic pain 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). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The medical records submitted for review indicate a failed trial of gabapentin with side effect of diarrhea. However, there is no evidence of localized peripheral neuropathic pain. As topical lidocaine is not indicated, the request is not medically necessary.