

<b>Case Number:</b>	CM15-0209287		
<b>Date Assigned:</b>	10/28/2015	<b>Date of Injury:</b>	06/21/2011
<b>Decision Date:</b>	12/15/2015	<b>UR Denial Date:</b>	09/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2015

### 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: Massachusetts

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 41 year old male, who sustained an industrial injury on June 21, 2011. He suffered injury to the back of his head on the concrete floor after a fall. The injured worker was diagnosed as having cervical spine strain, herniated nucleus pulposus, facet pain, status post radiofrequency lesioning, traumatic brain injury with post-concussion, seizure disorder and chest wall contusions. Treatment to date has included diagnostic studies, physical therapy with benefit, chiropractic treatment with benefit, surgery, epidural injections that were helpful, psychiatric treatment, oral medication and Lidoderm patch. On September 21, 2015, the injured worker complained of neck pain with radiation down the left upper extremity. The neck pain was associated with left sided temporal and left sided frontal headaches. The pain was described as aching, dull, sharp and severe. He rated the pain as a 7 on a 1-10 pain scale with medications and a 10 on the pain scale without medications. Notes indicated a list of medications by all providers to include omeprazole, alprazolam, eszopiclone, Keppra, lorazepam, naproxen and zaleplon. The treatment plan included facet rhizotomy, follow-up visit and discontinue Norco. On October 15, 2015, the injured worker complained of cervical spine pain rated a 4-5 on a 1-10 pain scale. The pain was noted to be constant and dull with radiation. Notes stated that he is helped by Lidoderm 5% patches. Some of the handwritten progress report was illegible. The treatment plan included Lidoderm 5% patches. On September 28, 2015, utilization review denied a request for Lidoderm 5% quantity of 30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm 5% quantity 30:** 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).

**Decision rationale:** Lidoderm is the brand name for a lidocaine patch produced by Endo Pharmaceuticals. Topical lidocaine may be 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). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-pruritics. According to the documents available for review, the injured worker has none of the aforementioned MTUS approved indications for the use of this medication. Therefore, at this time, the requirements for treatment have not been met and is not medically necessary.