MAXIMUS Federal Services

| Case Number: | CM15-0022992 | | |
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| Date Assigned: | 02/12/2015 | Date of Injury: | 09/14/1992 |
| Decision Date: | 03/27/2015 | UR Denial Date: | 01/24/2015 |
| Priority: | Standard | Application Received: | 02/06/2015 |

## 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: California
Certification(s)/Specialty: Emergency Medicine

## 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 61 year old female, who sustained an industrial injury on 9/14/92. She has reported low back and knee injuries. The diagnoses have included joint pain lower legs, lumbago, lumbar degenerative disc disease (DDD), lumbar facet arthropathy, post laminectomy syndrome, cervical disc disease, and spinal stenosis. Treatment to date has included medications, diagnostics, surgery, and physical therapy. Currently, the injured worker complains of continued issues with neuropathic pain as well as instability and weakness left and right knees that cause her to fall. The last fall was on 12/31/14 and she requires the use of a cane for longer distances. She states that she has issues with tripping due to weakness, increased pain with standing and numbness and pain in the left and right buttocks. The pain level was rated 8/10 and states that the Norco gives her 30-50 percent pain relief. She also states that with the use of Topamax the pain level is reduced to 5-6/10. She states that the Lidoderm patches have alleviated the neuropathic pain in conjunction with Topamax. Recent lumbar x-ray revealed fracture to L1 and L3 after recent fall with rib injury right and left. She had previously failed physical therapy. Current medications included Topamax, Norco, Lidocaine patch and Tramadol. She has recently tried and failed Lyrica, neurontin, Elavil and cymbalta. Physical exam revealed slow ambulation with difficulty without the use of a device. There was decreased range of motion of back due to pain and tenderness over lumbar spine, positive sensory deficits L5-S1 dermatomes, positive straight leg raise bilaterally left and right, and motor deficits bilateral extremities with passive range of motion due to pain. On 1/24/15 Utilization Review non-certified a request for 1 Prescription of Lidocaine Patch 5% #60 With 3 Refills, noting that the guidelines note that topical Lidocaine

may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy use and failure. The use of Lidocaine patches is not medically necessary. The (MTUS) Medical Treatment Utilization Schedule guidelines were cited.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Prescription of Lidocaine Patch 5% #60 With 3 Refills:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm, Pages 56-57 Page(s): 56-57.

**Decision rationale:** The requested 1 Prescription of Lidocaine Patch 5% #60 With 3 Refills , is medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Lidoderm, Pages 56-57, note that "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)". It is not considered first-line therapy and only FDA approved for post-herpetic neuralgia. The injured worker has neuropathic pain. The treating physician has documented trials of Neurontin, Lyrica, Topomax; neuropathic pain relief with Lidoderm patches; and on exam decreased range of motion of back due to pain and tenderness over lumbar spine, positive sensory deficits L5-S1 dermatomes, positive straight leg raise bilaterally left and right, and motor deficits bilateral extremities with passive range of motion due to pain. The criteria noted above having been met, 1 Prescription of Lidocaine Patch 5% #60 With 3 Refills is medically necessary.