

<b>Case Number:</b>	CM15-0217045		
<b>Date Assigned:</b>	11/06/2015	<b>Date of Injury:</b>	08/21/2009
<b>Decision Date:</b>	12/22/2015	<b>UR Denial Date:</b>	10/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2015

### 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: Physical Medicine & Rehabilitation

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 35 year old male who sustained an industrial injury on 8-21-2009. A review of the medical records indicates that the injured worker is undergoing treatment for pathologic fracture of neck of femur, brachial neuritis not otherwise specified, pain in joint involving shoulder region, low back pain, cervical post-laminectomy syndrome and neck pain. According to the progress report dated 9-28-2015, the injured worker rated his pain level without medication as 7 out of 10 and with medication as 3 out of 10. Objective findings (9-28-2015) revealed tenderness to palpation over the cervical paraspinal musculature from C3 to C7. There was tenderness and tightness across the bilateral trapezii. There was diffuse tenderness to palpation of the right shoulder. There was pain with palpation at L4-S1 and bilateral radicular pain down the posterior of both legs with hypoesthesia in both feet. Treatment has included surgery, physical therapy and medications. Current medications (9-28-2015) included Norco, Gabapentin and Cyclo-benzaprine. Lidoderm patches were prescribed 9-28-2015. The request for authorization was dated 9-28-2015. The original Utilization Review (UR) (10-26-2015) denied a request for Lidoderm patches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm 5% patch qty: 60.00: 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:** The patient was injured on 08/21/09 and presents with right hip pain, right shoulder pain, neck pain, and low back pain. The request is for Lidoderm 5% patch QTY: 60.00. The RFA is dated 09/28/15 and the patient's current work status is not provided. MTUS Guidelines, Lidoderm (lidocaine patch) section, page 57 states, "Topical lidocaine may be recommended for a localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI antidepressants, or an AED such as gabapentin or Lyrica)." MTUS Guidelines, under Lidocaine, page 112 also states, "Lidocaine indication: Neuropathic pain, recommended for localized peripheral pain." ODG Guidelines, Pain (Chronic) Chapter, under Lidoderm (Lidocaine Patch) specifies that the Lidoderm patches are indicated as a trial if there is evidence of localized pain that is consistent with a neuropathic etiology. ODG further requires documentation of the area for treatment, trial of a short-term use with outcome, documenting pain and function. MTUS page 60 required recording of pain and function when medications are used for chronic pain. The patient has tenderness to palpation over the paraspinal musculature of the cervical spine from C3 to C7, tenderness/tightness across bilateral trapezii, tenderness to palpation of the right shoulder, a decreased right shoulder range of motion, pain with palpation at L4-S1 level, and bilateral radicular pain down the posterior of both legs with hypoesthesia in both feet. He is diagnosed with pathologic fracture of neck of femur, brachial neuritis not otherwise specified, pain in joint involving shoulder region, low back pain, cervical post-laminectomy syndrome and neck pain. In this case, the patient does not have any documentation of localized neuropathic pain as required by MTUS Guidelines. Furthermore, review of the reports provided does not indicate how Lidoderm patches have impacted the patient's pain and function. The requested Lidoderm patch is not medically necessary.