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| <b>Case Number:</b>   | CM15-0217128 |                              |            |
| <b>Date Assigned:</b> | 11/06/2015   | <b>Date of Injury:</b>       | 01/19/2007 |
| <b>Decision Date:</b> | 12/28/2015   | <b>UR Denial Date:</b>       | 10/07/2015 |
| <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:

The injured worker is a 71 year old female, who sustained an industrial injury on January 19, 2007, incurring low back and right shoulder injuries. She was diagnosed with lumbar degenerative disc disease and synovitis of the right shoulder. Treatment included a home exercise program, topical analgesic pain patches, and a lumbar corset. Currently, the injured worker complained of increased muscle spasms and decreased range of motion. She walked with a limo and with a cane for mobility. The treatment plan that was requested for authorization included a prescription for Lidoderm patch #60 with 2 refills. On October 7, 2015, a request for a prescription for Lidoderm patches was denied by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm patch #60 x 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC Treatment Integrated Treatment/ Disability Duration Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Chapter, under Lidoderm.

**Decision rationale:** The patient presents with right shoulder and low back pain. The request is for Lidoderm patch #60 x 2 refills. The request for authorization form is dated 09/30/15. Patient's diagnoses include discogenic syndrome lumbar; synovitis shoulder. Physical examination reveals decreased range of motion. Muscle spasm. Patient's treatment plan includes home exercise program, Lidoderm Patches, lumbosacral corset, and cane. Per progress report dated 08/21/15, the patient is TTD if no light work available. 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) Section states, "Criteria for use of Lidoderm patches: (a) Recommended for a trial if there is evidence of localized pain that is consistent with a neuropathic etiology, (e) The area for treatment should be designated as well as number of planned patches and duration for use (number of hours per day), (f) A Trial of patch treatment is recommended for a short-term period (no more than four weeks), (h) Outcomes should be reported at the end of the trial including improvements in pain and function, and decrease in the use of other medications. If improvements cannot be determined, the medication should be discontinued." Treater does not specifically discuss this medication. Review of provided medical records show the patient was prescribed Lidoderm Patch on 01/26/15. MTUS guidelines state that Lidoderm Patches are appropriate for localized peripheral neuropathic pain. Additionally, ODG guidelines specifies 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 documented for pain and function. This patient, while there are diagnoses of pain in shoulder and low back, there is no evidence of "localized pain that is consistent with neuropathic etiology." Therefore, the request is not medically necessary.