

<b>Case Number:</b>	CM15-0217708		
<b>Date Assigned:</b>	11/09/2015	<b>Date of Injury:</b>	10/24/2000
<b>Decision Date:</b>	12/29/2015	<b>UR Denial Date:</b>	10/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2015

### 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 52 year old female with a date of injury on 10-24-00. A review of the medical records indicates that the injured worker is undergoing treatment for chronic neck and back pain. Progress report dated 9-28-15 reports continued complaints of neck and back pain that radiates to the bilateral lower extremities. Objective findings: para-vertebral spasm, lumbar spine spasms trapezius and scapular region tenderness, SI joint tenderness sciatic nerve down to calves. Treatments include: medication, physical therapy, chiropractic, acupuncture, sacroiliac joint injections, and lumbar epidural steroid injections. Request for authorization was made for Lidocaine 5 percent (700 mg). Utilization review dated 10-15-15 non-certified the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidocaine 5% (700mg): 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Chapter, under Lidoderm.

**Decision rationale:** The patient presents with neck pain and low back pain radiating to bilateral lower extremities. The request is for lidocaine 5% (700MG). The request for authorization form is not provided. Patient's diagnosis includes cervical disc displacement; lumbar disc displacement; rotator cuff synd nos. Physical examination reveals paravertebral spasms lumbar spine, spasms trapezius & scapular region, tenderness SI joints, tenderness sciatic nerve down to calves. Treatment plan includes SI Joint injection, acupuncture, and medication. Per progress report dated 09/28/15, the patient is returned to modified work. 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. MTUS guidelines state that Lidoderm Patches are appropriate for localized peripheral neuropathic pain. Additionally, ODG guidelines specify 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 neck and low back, there is no evidence of "localized pain that is consistent with neuropathic etiology." Therefore, the request is not medically necessary.