

<b>Case Number:</b>	CM15-0218764		
<b>Date Assigned:</b>	11/10/2015	<b>Date of Injury:</b>	05/16/1990
<b>Decision Date:</b>	12/22/2015	<b>UR Denial Date:</b>	10/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2015

### 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: North Carolina

Certification(s)/Specialty: Family Practice

### 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 63 year old male, who sustained an industrial injury on 5-16-1990. The injured worker is undergoing treatment for: lumbar radiculitis and degenerative disc disease with facet arthropathy. On 10-7-15, he reported low back pain with radiation into the bilateral lower extremities and intermittent numbness and tingling in the legs with left being greater than right. He is noted to tolerate tramadol, Celebrex, and Neurontin. Objective findings revealed tenderness in the low back and superior iliac spine, and positive straight leg raise testing on the left, and decreased lumbar range of motion with positive facet loading sign. The treatment and diagnostic testing to date has included: medications. Medications have included: tramadol, gabapentin, Celebrex. Lidocaine patches are noted to be added on 10-7-15. Current work status: not documented. The request for authorization is for: Lidocaine 5 percent patches, one patch to the affected area on 12 hours and off 12 hours. The UR dated 10-21-15: non-certified the request for Lidocaine 5 percent patches, one patch to the affected area on 12 hours and off 12 hours.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidocaine 5% patches, one patch to the affected area, on 12 hours and off 12 hours:**

Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** The California chronic pain medical treatment guidelines section on topical lidocaine states: Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica). The FDA has designated topical lidocaine, in the formulation of a dermal patch (Lidoderm) for orphan status for neuropathic pain. This medication is recommended for localized peripheral pain. The patient does have peripheral pain in the form of lumbar radiculopathy however the patient has no documented failure of all first line agents indicated for the treatment of neuropathic pain as outlined above. Therefore criteria as set forth by the California MTUS as outlined above have not been met and the request is not medically necessary.