

<b>Case Number:</b>	CM15-0221164		
<b>Date Assigned:</b>	11/16/2015	<b>Date of Injury:</b>	11/12/2009
<b>Decision Date:</b>	12/31/2015	<b>UR Denial Date:</b>	10/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2015

### 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 57-year-old female, with a reported date of injury of 11-12-2009. The diagnoses include shoulder sprain and strain, wrist tendinitis and bursitis, knee sprain and strain, hip sprain and strain, fibromyalgia, lumbosacral radiculopathy, cervical radiculopathy, hand sprain and strain, osteophyte of unspecified hand, ankle sprain and strain, derangement of other lateral meniscus due to old tear or injury of unspecified knee, lateral meniscal tear, and foot sprain and strain. The follow-up report dated 09-04-2015 indicates that the injured worker continued to complain of pain. It was noted that she used a walker and indicated that her pain was related to the lower back and lower extremities. She had difficulty walking due to the knee complaints. The injured worker also complained of neck pain and hand pain. According to the report, the injured worker underwent an MRI of the lumbar spine, which showed "relatively benign findings"; and neurodiagnostic studies showed moderate chronic radiculopathy at the L5 and S1 bilaterally. The follow-up report dated 10-05-2015 indicates that the injured worker continued to complain of chronic neck pain and low back pain. She requested another prescription for Lidoderm patches, with a quantity of 90. The injured worker also requested a cortisone injection. It was reported that the injured worker continued to complain of difficulty completing daily activities including personal hygiene and household chores. The physical examination showed an antalgic gait; use of a walker; guarding, spasm, and tenderness in the paravertebral musculature of the cervical and lumbar spines with a painful decreased range of motion on flexion, extension, and lateral rotation; dysesthesia in the C6 and C7 dermatomal distributions on the right; dysesthesia in the L5 and S1 dermatomal distributions on the right;

normal deep tendon reflexes; and the inability to perform toe and heel walking or squatting. The injured worker's work status was not indicated. The diagnostic studies to date have included an ultrasound of the bilateral shoulders, wrists, knees, and feet on 08-04-2015. Treatments and evaluation to date have included Lidocaine lotion, psychotherapy, physical therapy, and multiple trigger point injections. The treating physician requested Lidoderm patch #90. On 10-12-2015, Utilization Review (UR) non-certified the request for Lidoderm patch #90.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **90 Lidoderm patch: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch).

**Decision rationale:** Based on the 10/5/15 progress report provided by the treating physician, this patient presents with chronic neck pain, and low back pain. The treater has asked for 90 lidoderm patch on 10/5/15. The request for authorization was not included in provided reports. The patient also has radiating pain down the lower extremities with numbness/tingling/weakness per 7/13/15 report. The patient complains of difficulty ambulating due to knee complaints, as well as hand pain per 9/8/15 report. The patient continues to complain of difficulty in completing daily activities including personal hygiene and household chores per 10/5/15 report. The patient is wearing braces over her hands per 9/8/15 report. The patient also has evidence of anxiety and depression per 9/8/15 report. The patient is to remain off work according to 9/8/15 report. MTUS Chronic Pain Medical Treatment Guidelines 2009, page 57, Lidoderm (Lidocaine patch) section states, "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)." MTUS Page 112 also states, "Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain." ODG guidelines, chapter Pain (Chronic) under Lidoderm (Lidocaine patch) specifies that 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. The treater has not discussed the request per review of reports. The request for authorization associated with this request was not included the provided documentation. Utilization review letter dated 10/12/15 denies the request as the patient does not have a diagnosis of post-herpetic neuralgia. In this case, the patient is using a "lidoderm lotion" per 9/8/15 report, but the area of application is not specified. The patient is currently using lidoderm patches per requesting 10/5/15 report, but the treater does not indicate where this patient is using the lidoderm patches. It is indicated for neuropathic pain that is peripheral and localized, but it appears it is being used for the patient's neck/back pain for which lidocaine is not indicated. Therefore, the request is not medically necessary.