

<b>Case Number:</b>	CM15-0224482		
<b>Date Assigned:</b>	11/20/2015	<b>Date of Injury:</b>	09/29/1990
<b>Decision Date:</b>	12/30/2015	<b>UR Denial Date:</b>	10/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/16/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 60 year old female with an industrial injury dated 09-29-1990. A review of the medical records indicates that the injured worker is undergoing treatment for myofascial pain syndrome secondary to lumbar radiculopathy and epidural fibrosis. According to the progress note dated 10-01-2015, the injured worker reported intermittent flare ups of muscle spasms in the back muscles that limit her ability to rotate body to left and right. The injured worker muscle spasms have been controlled with Flexeril and Lidoderm. The injured worker also takes Ibuprofen to reduce the inflammation caused by muscle spasms. Pain level score was not documented in report (10-01-2015). Objective findings (10-01-2015) revealed decreased sensory in right foot, slow gait, positive straight leg raises on the right, and moderate muscle spasm in the lumbosacral musculature. Extension and right lateral rotation increases back pain that radiates into her right leg. Treatment has included diagnostic studies, prescribed medications, and periodic follow up visits. The injured worker is permanently disabled. Medical records indicate that the injured worker has been on Lidoderm since at least March of 2015. Urine drug screen report dated 03-19-2015 was inconsistent for prescribed medications. The utilization review dated 10-20-2015, non-certified the request for Lidoderm patches 5% #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm patches 5% #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

**Decision rationale:** The claimant has a remote history of a work injury in September 1990 and is being treated for low back and radiating right leg pain. Diagnoses include myofascial pain secondary to lumbar radiculopathy and epidural fibrosis. When seen in October 2015, she was having intermittent flare-ups of muscle spasms in her back making it difficult for her to rotate her body. She was taking Flexeril and Ibuprofen and using Lidoderm. Physical examination findings included decreased right lower extremity strength and sensation with positive straight leg raising. There was an absent left knee reflex and ankle reflexes were absent bilaterally. There was a slow gait. She had moderate muscle spasms and pain with right lower extremity radiating symptoms with lumbar extension and lateral rotation. Medications were continued. Moist heat was recommended. Topical lidocaine in a formulation that does not involve a dermal-patch system can be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy. Lidoderm is not a first-line treatment and is only FDA approved for postherpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. In this case, there are other topical treatments that could be considered. Lidoderm is not medically necessary.