

<b>Case Number:</b>	CM15-0037587		
<b>Date Assigned:</b>	03/06/2015	<b>Date of Injury:</b>	11/14/2013
<b>Decision Date:</b>	04/16/2015	<b>UR Denial Date:</b>	02/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2015

### 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: Internal Medicine

### 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 69 year old, who sustained an industrial injury on 11/14/2013. The details of the initial injury and prior treatment were not submitted for this review. The diagnoses have included cervical sprain/strain, lumbar spine sprain/strain with radiculopathy, and hypertension. Currently, the Injured Worker complains of neck pain, low back pain with radiation to right lower extremity, bilateral hand pain with numbness and weakness, depression and anxiety. The physical examination from 1/16/15 documented the radiographic imaging results, lumbar tenderness and spasms, and a positive seated straight leg raise on right side. The plan of care included continuation of previously prescribed medication and referral for a functional capacity evaluation. On 2/27/2015, the injured worker submitted an application for IMR for review of Lidocaine Patches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidocaine Patches:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine patch) Page 56-57. Topical Analgesics Page 111-112.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that Lidoderm is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend Lidoderm for chronic neuropathic pain disorders other than post-herpetic neuralgia. Lidoderm (Lidocaine patch 5%) is not recommended for non-neuropathic pain. The primary treating physician's progress report dated 1/16/15 documented the diagnoses of cervical spine sprain and strain, lumbar spine sprain and strain, radiculopathy, and hypertension. Medical records do not document a diagnosis of post-herpetic neuralgia. Per MTUS guidelines, Lidoderm is only FDA approved for post-herpetic neuralgia, and is not recommended for other chronic neuropathic pain disorders or non-neuropathic pain. Medical records and MTUS guidelines do not support the medical necessity of Lidoderm Lidocaine patches. Therefore, the request for Lidocaine patches is not medically necessary.