

<b>Case Number:</b>	CM15-0041856		
<b>Date Assigned:</b>	03/12/2015	<b>Date of Injury:</b>	05/26/2004
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	02/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/05/2015

### 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: 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 49 year old female, who sustained an industrial injury on 5/26/04. She reported neck, back, buttock and shoulder pain. The injured worker was diagnosed as having chronic pain syndrome, degeneration of lumbar disc, anxiety state and depressive disorder. Treatment to date has included oral anti-inflammatory medications, Lidoderm patches, TENS unit, activity restrictions, participation in interdisciplinary pain rehab program and home exercise program. Currently, the injured worker complains of continuing neck, back, buttock and shoulder pain. The injured worker stated Celebrex and Lidoderm patches are successful in managing her pain, but have not been authorized. The current treatment plan is to continue Celebrex, Lidoderm patches and TENS unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm (Lidocaine HCL) 5% Qty 30 with 1 refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Lidoderm (lidocaine patch). p56-57 (2) Topical Analgesics, p111-113 Page(s): 56-67, 111-113.

**Decision rationale:** The claimant is more than 10 years status post work-related injury and continues to be treated for chronic neck, buttock, shoulder, and back pain. In terms of topical treatments, topical lidocaine in a formulation that does not involve a dermal-patch system could be recommended for localized peripheral pain. 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. Therefore, Lidoderm was not medically necessary.