

<b>Case Number:</b>	CM15-0051559		
<b>Date Assigned:</b>	03/25/2015	<b>Date of Injury:</b>	01/19/2000
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/18/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 57 year old female, who sustained an industrial injury on 01/19/2000. Initial complaints reported included neck, head and arm pain after falling objects fell on her. The injured worker was diagnosed as having cumulative trauma injury to the back right hip, neck and bilateral upper extremities. Treatment to date has included conservative care, medications, conservative therapies, x-rays and MRIs of the lumbar spine, trigger point injections, lumbar fusion surgery (01/2014), nerve blocks, biofeedback, psychotherapy, and participation in a functional restoration program. Currently, the injured worker complains of constant pain in the neck (rated 6/10) with radiating pain down the right upper extremity with weakness, and tolerable with medications. Current diagnoses include mechanical neck pain, neuropathic right forearm and wrist pain, and low back pain. The treatment plan consisted of continued medications (including Butrans Cymbalta and Lidoderm patches, referral for possible injections, and follow-up.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm patches 5% number 60 (#60): 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(s): 56.

**Decision rationale:** Lidoderm Patch 5% is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. The documentation does not indicate failure of first line therapy for peripheral pain as the patient is on Cymbalta and the document dated 3/2/15 states that she feels better on Cymbalta. The documentation does not indicate a diagnosis of post herpetic neuralgia. For these reasons, the request for Lidoderm Patch 5% is not medically necessary.