

<b>Case Number:</b>	CM15-0052427		
<b>Date Assigned:</b>	03/25/2015	<b>Date of Injury:</b>	05/28/2011
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, 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 41 year old female who sustained an industrial injury on 5/28/11 when she fell backward after being hit with a raft resulting in acute onset of neck pain with radiation into the right upper extremity. She was provided conservative treatment without significant improvement of symptoms. She currently continues to experience low back and neck pain. She also has some swallowing issues and vocal involvement post cervical spine surgery. Medications include Nabumetone-relafen, fluoxetine, diclofenac, Dss softgel, Senekot, Tramadol, Lidoderm 5% Patch, hydrocodone, Lactulose. Diagnoses include status post C5-6 disc replacement (7/15/14); cervical displacement without myelopathy; cervical spinal stenosis. Treatments to date include medications, acupuncture, physical therapy, chiropractic therapy. Diagnostics include MRI of the cervical spine (7/25/11) revealing protrusion and right foraminal stenosis and 1/28/14; cervical epidural steroid injection (5/29/12 with no significant benefit; disc surgery (7/15/14) with improvement; MRI lumbar spine (7/18/14); cervical x-rays. In the progress note dated 1/13/15 the treating providers plan of care indicates refilling medications Lidoderm patches are helpful in easing her pain as is diclofenac sodium. The medications help significantly in reducing pain, enabling the injured worker to carry out her daily activities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm 5% patch % (700mg/patch) SIG: Apply 3 patch every 12 hours on/off Qty: 90.00 increase to 3/day Date of service: 1/13/15: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines p112 states "Lidocaine Indication: Neuropathic pain 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). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The medical records submitted for review do not indicate that there has been a trial of first-line therapy (tri-cyclic or SNRI antidepressants or an AED). There is also no diagnosis of diabetic neuropathy or post-herpetic neuralgia. As such, lidoderm is not recommended at this time. The request is not medically necessary.

**Diclofenac Sodium 1.5% 60gm SIG: Apply to affected area Neck three times a day anti-inflammatory cream Qty: 2.00: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Procedure Summary.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112.

**Decision rationale:** With regard to topical NSAIDs, MTUS states, "These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. (Mason, 2004) Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks)." Per the guidelines, the indications of this medication are limited to joints that are amenable to topical treatment. The documentation submitted for review does not denote any indications for the request. The request is not medically necessary.