

<b>Case Number:</b>	CM15-0059016		
<b>Date Assigned:</b>	04/03/2015	<b>Date of Injury:</b>	07/15/1999
<b>Decision Date:</b>	05/08/2015	<b>UR Denial Date:</b>	03/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/27/2015

### 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: Physical Medicine & Rehabilitation

### 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, who sustained an industrial injury on July 15, 1999. She reported lumbar spine and right shoulder contusions. The injured worker was diagnosed as having lumbar radiculopathy, chronic low back pain, and bilateral rotator cuff tendinosis. Treatment to date has included MRI, electrodiagnostic studies, physical therapy, chiropractic therapy, home exercise program, injection therapy, a functional capacity evaluation (FCE), and medications including pain, oral non-steroidal anti-inflammatory, and topical non-steroidal anti-inflammatory. On February 25, 2015, the injured worker complains of ongoing low back and bilateral lower extremities pain. The low back pain has increased. She has new weakness and pain down the bilateral lower extremities to the feet. The physical exam revealed limited lumbar range of motion due to pain and of the paraspinal muscles. The treatment plan includes topical Lidoderm 5% patches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm 5% patches #60 with 4 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical lidocaine; topical analgesic Page(s): 56-57, 112. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Lidoderm.

**Decision rationale:** The patient presents with ongoing low back and bilateral lower extremities pain. The request is for LIDODERM 5% PATCHES #60 WITH 4 REFILLS. The provided RFA is dated 03/05/15 and the patient's date of injury is 07/15/99. The patient has a diagnosis of lumbar radiculopathy, chronic low back pain, and bilateral rotator cuff tendinosis. Treatment to date has included MRI, electrodiagnostic studies, physical therapy, chiropractic therapy, home exercise program, injection therapy, a functional capacity evaluation (FCE), and medications including pain, oral non-steroidal anti-inflammatory, and topical non-steroidal anti-inflammatory. Per 02/25/15 report, current medications include Lidoderm patches, Flector patches, Cymbalta, Tylenol and Advil. The patient is temporarily totally disabled. MTUS Chronic Pain Medical Treatment guidelines, page 57 states: "topical lidocaine may be 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." Page 112 also states, "Lidocaine indication: neuropathic pain. Recommended for localized peripheral pain." When reading ODG guidelines, it specifies that Lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documented for pain and function. Per 02/25/15 report, treater states, "I am requesting Lidoderm patches, one every 12 hours. The patient has significant musculoskeletal pain and radicular symptoms. She is interested in continuing ADL's to take care of her family and she is not able to do this if the patches are not authorized." It appears treater is initiating the use of Lidoderm patches, as there is no prior mention of the medication in provided medical reports. In this case, the patient has a diagnosis of lumbar radiculopathy for which topical lidocaine is not indicated. MTUS supports Lidoderm patches for peripheral, localized neuropathic pain. It is not indicated for low back pain or radicular symptoms. The request IS NOT medically necessary.