

<b>Case Number:</b>	CM15-0082532		
<b>Date Assigned:</b>	05/29/2015	<b>Date of Injury:</b>	12/29/2001
<b>Decision Date:</b>	06/25/2015	<b>UR Denial Date:</b>	04/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/29/2015

### 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: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 55-year-old male who reported an industrial injury on 12/29/2001. His diagnoses, and/or impressions, are noted to include: right shoulder impingement syndrome and adhesive capsulitis; myofascial pain syndrome, rule out post-herpetic neuralgia; lumbar radiculopathy and disc herniation; lumbosacral radiculitis/neuritis; moderately severe lumbar muscle spasm; chronic low back pain; lumbar facet syndrome; and status-post piriformis surgery. No current imaging studies were noted. His treatments have included injection therapy; medication management; and being classified as permanently disabled. The progress notes of 3/26/2015 noted constant, severe right shoulder, neck, lower back, right hip/thigh/knee, and forearm pain; with leg weakness. He states his pain is worse with activity and improved with rest, ice/heat therapy, massage, sleep and his current creams and patches. The objective findings were noted to include tenderness with painful range-of-motion, and altered gait. The physician's requests for treatments were noted to include the continuation of his Lidocaine Patches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One prescription of Lidocaine 4% patches:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine patch).

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

**Decision rationale:** According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Lidocaine is 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). Lidoderm has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. In this case, the claimant did not have the above diagnoses. Long-term use of topical analgesics such as Lidoderm patches is not recommended. The claimant had been on Lidoderm for the prior month. There is no current diagnosis of post-herpetic neuralgia and the original presumption of neuralgia was 14 years ago. The Lidoderm patches are not medically necessary.