

<b>Case Number:</b>	CM15-0083898		
<b>Date Assigned:</b>	05/06/2015	<b>Date of Injury:</b>	03/30/2006
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	04/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2015

### 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 (IW) is a 67-year-old female who sustained an industrial injury on 03/30/2006. She reported an orthopedic injury. The injured worker was diagnosed as having chronic low back pain, lumbar radiculopathy, degenerative disc disease, status post lumbar fusion at L4-S1, and Sciatica. Treatment to date has included a lumbar L4-S1 fusion. Currently, the injured worker complains of ongoing low back pain with pain radiating down the leg from her knee to her foot that is constant and getting worse. On examination, there is limited range of motion in all planes; there is hamstring tightness, numbness and tingling in the L4 and L5-S1 distribution with weakness with extension and plantar flexion of the right foot. A selective nerve root block is recommended and Advil is prescribed. Lidoderm patches were also prescribed. A request for authorization was submitted for Lidocaine pad 5% #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidocaine pad 5% #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 patches Medications for chronic pain Page(s): 56-57,60. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Lidoderm patches.

**Decision rationale:** The patient was injured on 03/30/06 and presents with low back pain with radiating symptoms of burning, numbness, and tingling into the right leg. The request is for Lidocaine Pad 5% #60 for the patient's back. There is no RFA provided and the patient is retired. MTUS chronic pain medical treatment guidelines page 57 states, "Topical lidocaine may be recommended for a 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)". MTUS page 112 also states, "Lidocaine indication: Neuropathic pain, recommended for localized peripheral pain". In reading ODG Guidelines, it specifies the 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, documenting pain and function. MTUS page 60 required recording of pain and function when medications are used for chronic pain. The patient has tenderness/spasm in the lumbosacral spine, a limited lumbar spine range of motion, L4-5 and L5-S1 radiculopathy with numbness/tingling in the L4-5 and L5-S1 distribution on the right, a positive straight leg raise, and pain over the facet joints bilaterally from L3-S1. She is diagnosed with chronic low back pain, lumbar radiculopathy, degenerative disc disease, status post lumbar fusion at L4-S1, and sciatica. In this case, the patient does not have any documentation of localized neuropathic pain as required by MTUS Guidelines. Therefore, the requested Lidocaine pad 5% is not medically necessary.