

<b>Case Number:</b>	CM15-0088111		
<b>Date Assigned:</b>	06/18/2015	<b>Date of Injury:</b>	08/04/2004
<b>Decision Date:</b>	07/16/2015	<b>UR Denial Date:</b>	04/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/07/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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:

This 65 year old man sustained an industrial injury on 3/4/2004. The mechanism of injury is not detailed. Evaluations include an undated electromyogram of the bilateral upper extremities. Diagnoses include low back pain, lumbar foraminal stenosis, lumbar degenerative disc disease, laminectomy syndrome, reactive depression, and bilateral lumbar spinal canal stenosis. Treatment has included oral medications, spinal cord stimulator, shoulder injections, medical branch block, physical therapy, and surgical interventions. Physician notes dated 3/31/2015 show complaints of widespread chronic pain including back pain, pain from the shoulders to the hands, hamstrings, lower legs, and numbness to the bilateral feet rated 7/10. Recommendations include a previous prescription for Reequip trial that the worker has not yet tried, urine drug screen, Oxycodone IR, Oxycontin, Dexedrine ER, continue other medications, acupuncture, pain psychology, physical therapy, massage therapy, and follow up in one month.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm 5% patch #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Lidoderm 5% patch #30 is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anti-convulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Lidoderm is indicated for localized pain consistent with a neuropathic etiology after there has been evidence of a trial with first line therapy. The criteria for use of Lidoderm patches are enumerated in the official disability guidelines. The criteria include, but are not limited to, localized pain consistent with a neuropathic etiology; failure of first-line neuropathic medications; area for treatment should be designated as well as the planned number of patches and duration for use (number of hours per day); trial of patch treatments recommended for short term (no more than four weeks); it is generally recommended no other medication changes be made during the trial. If improvement cannot be demonstrated, the medication be discontinued, etc. In this case, the injured worker's working diagnoses are low back pain; lumbar foraminal stenosis; lumbar DDD; status post laminectomy syndrome; recent right shoulder arthroscopic surgery for removal of broken screw; status post left rotator cuff surgery with re-tear; status post spinal cord stimulator placement 2009; and bilateral L4 - L5 spinal canal stenosis. The date of injury is March 4, 2004. According to a March 31, 2015 progress note, the injured worker's current medications include oxycodone IR and oxycodone. The request for authorization is dated April 7, 2015. The most recent progress note in the medical records dated April 28, 2015. Lidoderm 5% patches were prescribed for the first time. There is no documentation indicating first-line treatment failure with antidepressants or anti-convulsants. The anatomical region to be treated is not documented in the medical record. Consequently, absent clinical documentation with the area/region to be treated and evidence of failed first-line treatment with antidepressants and anti-convulsants, Lidoderm 5% patch #30 is not medically necessary.