

<b>Case Number:</b>	CM15-0089984		
<b>Date Assigned:</b>	05/14/2015	<b>Date of Injury:</b>	03/25/2014
<b>Decision Date:</b>	06/16/2015	<b>UR Denial Date:</b>	05/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/11/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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:

The injured worker is a 58-year-old female, who sustained an industrial injury on 3/25/2014. The details regarding the initial injury and a comprehensive account of prior treatments to date were not included in the medical records submitted for this review. Diagnoses include chronic low back pain, discogenic low back pain, and facetogenic low back pain. The current medications included Tramadol. Currently, she complained of low back pain rated 6/10 VAS without medication and 1/10 with medication. She reported taking tramadol three times daily. She shared that a recent trial of Lidoderm 5% patch topically provided good relief. An epidural steroid injection provided on 2/12/15 had approximately one-month successful decrease in symptoms. On 4/24/15, the physical examination documented moderate tenderness in lumbar muscles with decreased forward flexion noted. The provider documented a possible decrease in tramadol use with the addition of Lidoderm patches topically; therefore, the plan of care included Lidoderm 5% patch, twelve hours on and twelve hours off, #30 with three more refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm 5% patches #30 with 3 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56.

**Decision rationale:** Lidoderm 5% patches #30 with 3 refills is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that 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). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. The documentation does not indicate failure of first line therapy for peripheral pain. The documentation does not indicate a diagnosis of post herpetic neuralgia. For these reasons, the request for Lidoderm Patch 5% is not medically necessary.