

<b>Case Number:</b>	CM14-0120349		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	06/03/2012
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	07/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2014

### 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. The expert reviewer is Board Certified in Neurology, has a subspecialty in Neromuscular Medicine and is licensed to practice in New Jersey. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 37-year-old woman who sustained a work related injury on June 3, 2012. Subsequently, she developed chronic lower back pain. She underwent a CT scan of the lumbar spine on November 9, 2012 showed posterior disc bulges at the L3-4, L4-5, and L5-S1 levels; and multilevel degenerative disc disease and facet hypertrophy. The evaluation of January 24, 2014 indicated the necessity for lidoderm patches, cyclobenzaprine, thermaCare, and Celebrex for pain relief. In a progress report dated May 16, 2014, the patient rated her pain with medication as 8/10 and 10/10 without medication. Her physical examination demonstrated lumbar tenderness with reduced range of motion, scoliosis and surgical scars. Gaenslen's was positive. Lumbar facet loading was positive on both sides. Straight leg raising test was positive on both the sides in supine position at degrees. FABER test was positive. Pelvic compression test is positive. Tenderness noted over the sacroiliac spine. Trigger point with radiating pain and twitch response on palpation at bilat piriformis muscles. Examination of the thoracic spine revealed severe scoliosis and surgical scar. On sensory examination, light touch sensation was decreased over medial foot on both sides. Upper and lower extremities responded normally to reflex examination. An SI joint injection was done on February 10, 2014 with some benefit: immediately following the procedure, the patient had reduction of pain by 50-60%. The patient has been treated with analgic medications, topical applications of heat and cold, muscle relaxants, sleep aids, anxiolytic medications, interventional procedures including sacroiliac joint injections, and extensive period of time off of work. UDS (urine drug screen) taken on September 20, 2013 was consistent with prescribed medication. The UDS taken on January 24, 2014 was also consistent and appropriate. The diagnoses were chronic lumbar backache, bilateral lower extremity radicular pain, neuropathic pain, and recurrent myofascial strain. The provider requested authorization to use Lidoderm patches.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm (Lidocaine Patch 5%) x 30 for lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Lidoderm Patches. Decision based on Non-MTUS Citation Official Disability Guidelines

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

**Decision rationale:** According to MTUS guidelines, Lidoderm is the brand name for a lidocaine patch produced by Endo Pharmaceuticals. 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). In this case, there is no documentation that the patient developed neuropathic pain that did not respond for first line therapy and the need for Lidoderm patch is unclear. There is no documentation of efficacy of previous use of Lidoderm patch. Therefore, the prescription of Lidoderm (Lidocaine Patch 5%) x 30 for lumbar spine is not medically necessary.