

<b>Case Number:</b>	CM14-0122379		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	01/09/2013
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	08/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/04/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Connecticut. 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:

After careful review of the medical records, this is a 31 year old male with complaints of low back pain, neck pain, shoulder pain, and elbow pain. The date of injury is 1/9/13 and the mechanism of injury is lifting injury as he was holding a 180 pound palm tree which he attempted to stop the tree from falling on him which has led to his current symptoms. At the time of request for Lidoderm 5% patch #30, there is subjective (low back pain, neck pain, shoulder pain, elbow pain) and objective (tenderness shoulders right greater than left, right elbow tenderness, left wrist pain with motion/extension, mild spasm L5 lumbar spine, decreased sensory right lower extremity below the knee and dorsum of right hand) findings, imaging findings (MRI lumbar spine was done but no report was submitted), diagnoses (L4-5 radiculopathy, shoulder strain/sprain), and treatment to date (medications, epidural steroids, physical therapy, exercise program, massage). Lidoderm is FDA approved only for post herpetic neuralgia and used off label for other types of neuropathic pain. Topical Lidocaine may be recommended for localized peripheral pain and neuropathic pain after there has been evidence of a trial of first line therapy such as an AED.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Lidoderm (Lidocaine Patch).

**Decision rationale:** Per MTUS-Chronic Pain Medical Treatment Guidelines, Lidoderm is FDA approved only for post herpetic neuralgia and used off label for other types of neuropathic pain. Topical Lidocaine may be recommended for localized peripheral pain and neuropathic pain after there has been evidence of a trial of first line therapy such as an AED. There is no documentation of a failed trial with an antiepileptic. Therefore, this request is not medically necessary.