

<b>Case Number:</b>	CM14-0124511		
<b>Date Assigned:</b>	08/11/2014	<b>Date of Injury:</b>	07/10/2006
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	07/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/06/2014

### 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 Florida. 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 injured worker is a 63-year-old male, who reported an injury on 07/10/2006. The mechanism of injury was not indicated. The injured worker had diagnoses including cervical facet syndrome and cervical spine radiculopathy. Prior treatment included TENS unit therapy and epidural steroid injections. Diagnostic studies included a CT scan of the cervical spine. The injured worker underwent anterior cervical fusion at C5, C6, and C7 in 10/2010. The injured worker complained of neck pain radiating from the neck down to his right arm. A urine drug screen was performed on 03/20/2014, which was consistent with the injured worker's prescribed medication regimen. The clinical note, dated 06/25/2014, noted the injured worker's pain level was increased since the prior examination. The cervical spine range of motion was restricted with flexion limited to 20 degrees, extension limited to 15 degrees, right lateral bending limited to 10 degrees, left lateral bending limited to 10 degrees, lateral rotation to the left limited to 25 degrees, and lateral rotation to the right limited to 30 degrees. On examination of the paravertebral muscles, tenderness was noted on both sides. Tenderness was noted at the trapezius and the bilateral facet joints, left greater than right. The shoulder movements on the right side were restricted with flexion movement to 150 degrees, extension limited to 80 degrees, abduction limited to 110 degrees, passive elevation limited to 150 degrees. On palpation, tenderness was noted in the acromioclavicular joint and the coracoid process. Medications included Prilosec and gabapentin. The treatment plan included a request for Lidoderm (lidocaine patch) 5% x30. The physician recommended continuation of Lidoderm as the injured worker's medication regimen optimized his function and activities of daily living. The request for authorization was not provided within the medical records.

### 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: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56,111-112,78,11,67-68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch), Page(s): 56-57..

**Decision rationale:** The request for the Decision for Lidoderm (Lidocaine Patch 5%) X 30 is not medically necessary. The injured worker complained of neck pain radiating from his neck down to his right arm. The California MTUS guidelines note, topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy including tri-cyclic or SNRI anti-depressants or an antiepilepsy drug 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. Lidoderm is also used off-label for diabetic neuropathy. The guidelines note the use of Lidoderm for non-neuropathic pain is not recommended. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. Additionally, the request does not indicate the frequency of the medication is prescribed and the site at which it is to be applied in order to determine the necessity of the medication. Given the above, the request is not medically necessary.