

<b>Case Number:</b>	CM14-0144500		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	09/30/2011
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	08/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/05/2014

### 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 California. 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:

According to the records made available for review, this is a 63-year-old male with a 9/30/11 date of injury. At the time (6/9/14) of request for authorization for Lidoderm 5% 30 day Supply QTY 30 with 3 Refills, there is documentation of subjective (neck pain and right shoulder pain with stiffness) and objective (restricted cervical range of motion, tenderness over the paracervical muscles and rhomboids; restricted lumbar range of motion with tenderness over the lumbar paravertebral muscles; and normal sensation and reflexes of the extremities) findings, current diagnoses (cervical pain), and treatment to date (ongoing therapy with Lidoderm patch with pain relief and increased activities of daily living; opioids, Soma, and Tylenol). There is no documentation of neuropathic pain after there has been evidence that a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica) has failed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm 5% 30 day Supply QTY 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): 56-57. Decision based on Non-MTUS Citation Title 8, California Code of Regulations,

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of neuropathic pain after there has been evidence that a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica) has failed, as criteria necessary to support the medical necessity of a Lidocaine patch. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of a diagnosis of cervical pain. In addition, given documentation of pain relief and increased activities of daily living with Lidoderm patch, there is documentation of functional benefit or improvement as an increase in activity tolerance as a result of use of Lidoderm patch. However, despite documentation of pain, there is no (clear) documentation of neuropathic pain. In addition, there is no documentation of evidence that a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica) has failed. Therefore, based on guidelines and a review of the evidence, the request for Lidoderm 5% 30 day supply QTY 30 with 3 Refills is not medically necessary.