

<b>Case Number:</b>	CM14-0148891		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	05/01/1999
<b>Decision Date:</b>	11/25/2014	<b>UR Denial Date:</b>	08/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/12/2014

### 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 Physical Medicine and Rehabilitation, and Pain Medicine, and is licensed to practice in California and Washington. 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 66-year-old female, who reported an injury on 05/01/1999. The mechanism of injury was that she was trying to move a combative patient and injured her neck, back, and buttocks. On 09/04/2014, the injured worker presented with pain rated at 6/10 with medications. Medications included Lidoderm 5% patch, Ultracet tablets, gabapentin, Premarin, tamoxifen, and Celexa. The diagnoses were chronic lumbar disc degeneration with facet joint arthritis, left knee osteoarthritis severe. Upon examination of the cervical spine, there was loss of normal cervical lordosis and restricted range of motion. There was mild tenderness noted over the paravertebral muscles on the right. Examination of the lumbar spine noted restricted range of motion and tenderness and spasm noted over the paravertebral muscles upon palpation. The provider recommended Lidoderm 5% patch (700 mg/patch) with a quantity of 60. The provider's rationale was not provided. The Request for Authorization form was not included in the medical records for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm 5% patch (700 mg/ patch), #60:** 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): , page(s) 57-58..

**Decision rationale:** The request for Lidoderm 5% patch (700 mg/ patch), #60 is not medically necessary. The California MTUS states that topical lidocaine is recommended for generalized peripheral pain after there has been evidence of a trial of first line therapy to include a tricyclic or NSRI antidepressant or an AED such as gabapentin or Lyrica. This is not a first line treatment and is only FDA approved for postherpetic neuralgia. Research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. There is lack of documentation that the injured worker had failed a trial of a first line therapy. The injured worker does not have a diagnosis congruent with the guideline recommendations. As such, medical necessity has not been established.