MAXIMUS Federal Services

| Case Number: | CM14-0160635 | | |
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| Date Assigned: | 10/07/2014 | Date of Injury: | 09/23/2000 |
| Decision Date: | 11/12/2014 | UR Denial Date: | 09/03/2014 |
| Priority: | Standard | Application Received: | 09/30/2014 |

## 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 Orthopedic Surgery and is licensed to practice in Texas. 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 44-year-old male who reported injury on 09/23/2000. The mechanism of injury was a lifting injury. The injured worker underwent an L5-S1 revision fusion surgery on 02/10/2014. The injured worker was noted to be utilizing Lidoderm patches in 06/2014. Other medications included Cymbalta 30 mg 1 daily, gabapentin 300 mg 1 by mouth 3 times a day, hydroxyzine hydrochloride 50 mg tablets 1 twice a day, Lidoderm 5% adhesive patch 3 patches every day by transdermal route, nortriptyline 10 mg 1 to 2 capsules at bedtime, OxyContin 15 mg 1 every 12 hours, and Percocet 7.5/325 mg 1 every 6 hours as needed. The diagnostic studies included a CT of the abdomen. The documentation of 09/16/2014 revealed the injured worker's diagnoses included chronic pain syndrome, abdominal pain, lumbar postlaminectomy syndrome, and rotator cuff tear arthropathy. The physical examination was stated to be none. The treatment plan included Lidoderm 5% adhesive patch 3 patches daily by transdermal route x30 days. There was no documented rationale. There was a Request for Authorization submitted for review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm 5% patches:** 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 Lidoderm Page(s): 56-57.

**Decision rationale:** The California MTUS guidelines indicate that topical lidocaine (Lidoderm) 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 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. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The clinical documentation submitted for review indicated the injured worker had utilized the medication for at least 3 months. There was a lack of documentation of objective functional benefit. Additionally, there was lack of documentation of a trial and failure of first line therapy. It was indicated the injured worker was taking an antidepressant and an antiepileptic medication, gabapentin. The request as submitted fails to indicate the quantity and frequency of the requested medication. Given the above, the request for Lidoderm 5% patches is not medically necessary.