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| <b>Case Number:</b>   | CM14-0151354 |                              |            |
| <b>Date Assigned:</b> | 09/19/2014   | <b>Date of Injury:</b>       | 06/02/1997 |
| <b>Decision Date:</b> | 04/23/2015   | <b>UR Denial Date:</b>       | 09/12/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/17/2014 |

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 54 year old male, who sustained an industrial injury on 6/2/1997. He initially reported complaints of neck pain with injury. Currently, the injured worker complains of headaches, cervical spine pain and discomfort with radicular symptoms in bilateral arms and experiencing back stiffness with numbness. The requested medication is for the treatment of the injured workers chronic pain conditions. The injured worker was diagnosed as having back sprain/strain; pain in shoulder joint/ knee and leg sprain/strain; degeneration lumbar/lumbosacral intervertebral disc; cervicalgia; rotator cuff rupture; bilateral carpal tunnel syndrome, chronic medial epicondylitis right dominant elbow; chronic flexor tendonitis both wrist posttraumatic; posttraumatic conversion of medial degenerative arthritis left knee. Treatment to date has included status post multiple spine surgeries including failed cervical spine surgery; discectomy and fusion C3-T3 and hardware removal; right shoulder surgery for impingement; medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**4 Lidoderm 5% patch extended release #30 with 3 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12th ed. McGraw Hill, 2010. Physician's Desk Reference, 88th ed. www.RxList.com; Official Disability

Guidelines (ODG), Workers Compensation Drug Formulary, [www.odg-twc.com/odgtwc/formulary.htm](http://www.odg-twc.com/odgtwc/formulary.htm), [drugs.com](http://drugs.com); Epocrates Online, [www.online.epocrates.com](http://www.online.epocrates.com); Monthly Prescribing References, [www.empr.com](http://www.empr.com) Opioid Dose Calculator - AMDD Agency Medical Directors' Group Dose Calculator, [www.agencymeddirectors.wa.gov](http://www.agencymeddirectors.wa.gov).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical lidocaine Page(s): 56-57, 112. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Lidoderm.

**Decision rationale:** The patient was injured on 06/02/1997 and presents with cervical spine pain, back stiffness, numbness/tingling, and right and left arm, radicular pain in right/left arm, and headaches. The request is for 4 LIDODERM 5% PATCHES extended release, apply 1 patch 12 hours on and 12 hours off, #30 with 3 refills, outpatient, for chronic neck, lumbar, shoulder, and knee pain. The RFA is dated 09/04/2014 and the patient's work status is not known. The patient has been using Lidoderm patches as early as 04/10/2014. MTUS Chronic Pain Medical Treatment Guidelines, page 57 states, "topical lidocaine may be recommended for a localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI antidepressants, or an AED such as gabapentin or Lyrica)." MTUS page 112 also states, "Lidocaine indication: neuropathic pain, recommended for localized peripheral pain." In reading ODG Guidelines, it specifies that Lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome, documenting pain and function. MTUS page 60 require recording of pain and function when medications are used for chronic pain. The patient describes his knee pain as snapping/clicking, stiff, throbbing, aching, and dull/sore/stiff. He describes the shoulder pain as aching, weak, sore, stiff. In regards to the back, the patient has stiffness, and radicular pain, and weakness in right and left leg as well. There is tenderness to palpation of the occipital and lumbar paraspinal muscles triggering the headache with palpation. There is tenderness to palpation over the facets as well. There is reduced range of motion of the cervical spine. The patient has been using these patches since 04/10/14; however, there is no documentation of any improvement in pain and function in any of the reports provided as required by MTUS page 60. Furthermore, the patient does not have localized neuropathic pain as required by MTUS Guidelines. Therefore, the requested Lidoderm patch IS NOT medically necessary.