

<b>Case Number:</b>	CM14-0167193		
<b>Date Assigned:</b>	10/14/2014	<b>Date of Injury:</b>	10/11/2000
<b>Decision Date:</b>	03/27/2015	<b>UR Denial Date:</b>	10/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/10/2014

### 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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 53-year-old female who reported injury on 10/11/2000. The mechanism of injury was a fall from approximately 5-6 feet. The diagnoses included cervicalgia. There was a Request for Authorization submitted dated 09/25/2014. The documentation of 09/22/2014 revealed the injured worker had neck pain and back pain radiating from the low back. The mechanism of injury was not provided. The injured worker indicated her pain with medications was a 7 and without medications was a 10 on a 1 to 10 scale. The injured worker indicated she had no change in location of pain. The injured worker's activity level remained the same. The injured worker's medications included Lidoderm 5% patch 1 to 2 patches to skin every day 12 hours on and 12 hours off and Lyrica 60 mg 1 tablet 3 times a day. Prior therapies included an epidural steroid injection. The diagnostic studies included an x-ray of the cervical spine and an MRI of the lumbar spine. The physical examination revealed the injured worker had decreased range of motion and tenderness to the paracervical muscles and trapezius. The injured worker had range of motion of the lumbar spine that was decreased. The injured worker had ankle jerk on the left side of 1/4. The strength in the right EHL was 4/5. The diagnoses included lumbar radiculopathy, spinal lumbar DDD, and cervical pain. The treatment plan included continuation of Lidoderm patches for focal back pain. The injured worker indicated with the medication she was able to perform physical activities and chores during the day with the help of the pain patch.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm 5% patch #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57, 112.

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

**Decision rationale:** The California Medical Treatment & Utilization Schedule 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 (tricyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica). This is not a first line treatment and is only FDA approved for postherpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic 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 failed to indicate the injured worker had a trial and failure of first line therapy as the injured worker was utilizing Lyrica. The request as submitted failed to indicate the body part to be treated with the patch. Given the above and the lack of documentation, the request for Lidoderm 5% patch, one to two patches to skin every day, 12 hours on and 12 hours off #30 is not medically necessary.