

<b>Case Number:</b>	CM14-0210054		
<b>Date Assigned:</b>	12/23/2014	<b>Date of Injury:</b>	11/29/2004
<b>Decision Date:</b>	02/19/2015	<b>UR Denial Date:</b>	11/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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 & Rehabn

### 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 patient is a 55-year-old female with date of injury of 11/29/2004. The listed diagnoses from 11/13/2014 are: 1. Thoracic or lumbosacral neuritis or radiculitis. 2. Degeneration of the lumbar or lumbosacral intervertebral disk. 3. Sacroiliitis. 4. Chronic pain syndrome. According to this report, the patient complains of bilateral hip and low back pain. She rates her pain without medication 6/10 to 8/10 and with medication, 4/10. She reports benefit with her current pain medication, enabling her to keep her pain within a manageable level and to allow her to complete necessary activities of daily living. Examination shows low back pain radiating to the right hip, lateral leg, and lateral foot. Intermittent numbness, tingling, burning of the right calf and foot was noted. Moderate TTP diffusely over the lumbosacral region and severe TTP over the right SI joint. Straight leg raise is positive bilaterally eliciting pain over the SI joint as well as the L3-L5 paraspinal musculature. Flexion and lateral bending is normal. Extension is limited to 50 degrees. Dysesthesia noted along the lateral right ankle and foot. Normal DTRs. Treatment reports from 09/24/2013 to 11/13/2014 were provided for review. The utilization review denied the request on 11/19/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm Patches 5 Percent BID #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical lidocaine; Lidocaine Page(s): 57; 112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Lidoderm® (lidocaine patch).

**Decision rationale:** This patient presents with bilateral hip and low back pain. The treater is requesting Lidoderm patches 5% b.i.d. quantity #60. MTUS guidelines page 57 states, "topical lidocaine 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)." MTUS Page 112 also states, "Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain." When 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. The records do not show any history of Lidoderm patch use. In this case, Lidoderm patches are only indicated for patients with peripheral localized neuropathic pain which this patient does not present with. The request is not medically necessary.