

<b>Case Number:</b>	CM14-0213387		
<b>Date Assigned:</b>	12/30/2014	<b>Date of Injury:</b>	06/20/2000
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	11/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/18/2014

### 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: Family Practice

### 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 67 year old female who sustained an industrial injury on 6/20/2000. The patient reports cumulative trauma to multiple body parts while performing her duties as a case manager. Treatment to date has consisted of right ankle tendon transfer, right total knee replacement, left total hip replacement, cervical epidural steroid injections, and occipital nerve blocks. The patient was seen on November 24, 2014 at which time she complained of head pain and neck pain. She has primarily right-sided occipital headaches and occipital neuralgia. It is noted that the patient has had multiple surgeries to different body parts. She has also had lumbar spine sprain strain with lower extremity radiculopathy on the left side, psychological injury with depression and dependence on medication. Current medications consists of Norco 5/325mg, one tablet every four hours as needed; Neurontin 600mg, three times daily; cyclobenzaprine 10mg, one tablet three times a day; aspirin 81mg, one tablet daily; Lisinopril 10mg daily; Prozac 40mg daily; Wellbutrin 200mg daily; Lidoderm 5% patch, one patch used 1 to 3 times per day as needed; and baclofen 10mg, one tablet three times a day. On examination, the patient is able to rise from seated position without difficulty. Gait is not antalgic and the patient ambulates without assistance. Examination reveals cervical tenderness and decreased range of motion, positive Spurling's on the rights, decreased strength in the bilateral upper extremities, and significant tenderness to palpation with reproduction of occipital headaches with palpation of the greater occipital nerve on the right. She was diagnosed with systemic disorder, knee pain, opioids dependence, cervical radiculopathy and neuralgia. Treatment plan included refill of lidocaine ointment for the neck and Lidoderm patch for the knee and back. Utilization review was

performed on November 22, 2014 at which time the request for Lidoderm patch was noncertified due to lack of documentation to support the indication for supplementing Lidoderm patch with Lidoderm ointment.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Lidoderm patch x 90 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-18, 75, 78 & 112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 110-112.

**Decision rationale:** According to the MTUS Chronic Pain Medical Treatment Guidelines, lidocaine is 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). Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. In this case, the patient is being prescribed Lidoderm patch and Lidoderm ointment. The ointment is being prescribed for the occipital neuralgia. However, the medical records specifically state that Lidoderm patch is being prescribed for the knee and back. There is no evidence of localized peripheral pain with regards to the knee and the low back to support the request for Lidoderm patch. The request for Lidoderm patch x 90 with 1 refill is therefore not medically necessary.