

<b>Case Number:</b>	CM15-0010294		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	10/30/2009
<b>Decision Date:</b>	03/17/2015	<b>UR Denial Date:</b>	01/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/18/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal Medicine

### 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 47 year old male, who sustained an industrial injury on 10/30/2009. The diagnoses have included degenerative of intervertebral disc, displacement of lumbar intervertebral disc without myelopathy, degenerative of lumbar intervertebral disc, psychological disorder, insomnia, and lumbar post-laminectomy syndrome. Treatments to date have included lumbar disc replacement surgery, pain psychology sessions, home exercise program, and medications. Diagnostics to date have included lumbar spine MRI on 04/16/2013 which showed mild levoscoliosis of the lumbar spine with a reversal of the lordotic curvature at the L3-4 level, moderate posterior annular disc bulge and end plate spurring noted at L5-S1, minimal disc bulge at the L4-5 level, and a small cystic appearing lesion within the posterior aspect of the midpole of the right kidney suspicious for renal cyst. In a progress note dated 12/26/2014, the injured worker presented with complaints of low back pain. The treating physician reported attempting a re-trial of Lidoderm patches as the injured worker had used them in the past with significant relief. Utilization Review determination on 01/07/2015 non-certified the request for Lidocaine Peripheral arterial disease 5% Day Supply: 30 Quantity: 30 Refills: 0 citing Medical Treatment Utilization Schedule Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidocaine pad 5%, #30 (30 day supply): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Pain section, Topical analgesics

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Lidocaine patch 5% #30 is not medically necessary. Topical analgesics are largely experimental and use with few controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical lidocaine, in the form of a dermal patch (Lidoderm has been designated orphan status by the FDA for neuropathic pain. No other commercially approved topical formulation of lidocaine with a cream, lotions or gels are indicated for neuropathic pain. The guidelines enumerate the criteria for use of Lidoderm patches. The criteria include, but are not limited to, the area for treatment should be designated as well as a number of planned patches and duration for use; a trial of patch treatment is recommended for short-term (no more than four weeks); there should be evidence of a trial of first line neuropathic medications; etc. In this case, the injured worker's working diagnoses are degeneration of intervertebral disc, unspecified; displacement of lumbar intervertebral disc without myelopathy; degeneration of lumbar intervertebral disc; psychophysiologic disorder; insomnia; lumbar post laminectomy syndrome. Subjectively, the injured worker has chronic pain in the left lower back described as aching and throbbing. VAS pain scale 6/10. Objectively, the injured worker ambulates with a cane and posture is normal. Other than a mental status examination, there was no neurologic examination. Documentation states Lidoderm patches were prescribed on December 26, 2014 for the first time. The documentation does not contain the anatomical region for treatment with the Lidoderm patch. Additionally, the number of planned patches and duration for use are not in the medical record. The injured worker is using gabapentin 300 mg. There is no documentation of objective functional improvement with this first-line treatment. Also, there is no clinical rationale documented in medical record relating to Lidoderm. Consequently, absent clinical documentation to support the lidocaine patch with the anatomical region and duration for use, Lidocaine patch 5% #30 is not medically necessary.