

<b>Case Number:</b>	CM15-0012031		
<b>Date Assigned:</b>	01/29/2015	<b>Date of Injury:</b>	02/04/2014
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	12/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2015

### 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

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:

This 46-year-old female sustained a work-related injury to her back, right side and head on 2/4/2014. Progress notes dated 10/21/2014 state her diagnoses as lumbar sprain, lumbar stenosis, lumbar disc bulge, facet arthropathy, hip sprain and hip arthrosis. She reports lower back pain with radiation down both legs and numbness and tingling. Previous treatments include medications, physical therapy, epidural injections, chiropractic and acupuncture. The treating provider requests Lidoderm patch 5%, #30. The Utilization Review on 12/31/2014 non-certified Lidoderm patch 5%, #30, citing CA MTUS.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm Patch 5% # 30:** 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 lidocaine Topical analgesic Page(s): 56-57, 111-113. Decision based on Non-MTUS Citation Pain chapter, Lidoderm patches

**Decision rationale:** The patient was injured on 02/04/14 and presents with lower back pain with radiation down both legs and numbness and tingling. The request is for LIDODERM PATCH 5%, #30. There is no RFA provided and the patient is on a modified work duty. There is no indication of when the patient began using these patches or if this is her initial trial. The report with the request is not provided, nor is there any discussion provided regarding Lidoerm patches in any of the reports provided. 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 (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. 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 treater does not indicate where these patches are applied to or if the patient presents with neuropathic condition that is localized. The patient has lower back pain with radiation down both legs and numbness and tingling, tenderness at the lower lumbar segments, increased pain with extension and forward bend, a positive straight leg raise on the left, and pain as she tries to come up into a full upright position. The patient is diagnosed with lumbar sprain, lumbar stenosis, lumbar disc bulge, facet arthropathy, hip sprain and hip arthrosis. Although the patient does have neuropathic pain, there is no indication of this pain being localized, as required by MTUS guidelines. Therefore, the requested Lidoderm patches IS NOT medically necessary.