

<b>Case Number:</b>	CM15-0014775		
<b>Date Assigned:</b>	02/02/2015	<b>Date of Injury:</b>	11/01/2012
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	01/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/26/2015

### 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, 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 43-year-old female who reported injury on 11/01/2012. The mechanism of injury was not provided. The documentation of 12/18/2014 revealed the injured worker had pain in the bilateral neck, which was unchanged with treatment. Associated symptoms included tingling in the right upper extremity; stiffness of the neck, spasms of the neck, and interference with sleep. The surgical history was noted to be reviewed; however, was not provided. The medications included lidocaine 5% patches up to 12 hours in a 24 hour period, etodolac, tramadol 50 mg, and trazodone 50 mg. The physical examination revealed the injured worker was in a forward flexed body posture. The injured worker had pain behaviors. The diagnoses included degeneration of lumbosacral intervertebral disc and degeneration of cervical intervertebral disc. The treatment plan included lidocaine 5% patches, apply patch every day, wear up to 12 hours in a 24 hour period, quantity 30. There was no Request for Authorization submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidocaine 5% (700mg/patch) adhesive patch #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine Patch) Page(s): 56 and 57.

**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 (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic 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 indicated the injured worker had utilized the medication Lidoderm. There was, however, a lack of documentation of objective functional benefit and an objective decrease in pain with the use of the medication. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for lidocaine 5% (700 mg per patch) adhesive patch #30 is not medically necessary.