

<b>Case Number:</b>	CM15-0017457		
<b>Date Assigned:</b>	02/05/2015	<b>Date of Injury:</b>	04/20/2000
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	01/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2015

### 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:

The injured worker is a 65 year old female, who sustained an industrial injury on 09/20/2000. She has reported subsequent neck, low back and lower extremity pain and was diagnosed with displacement of lumbar and cervical intervertebral disc, carpal tunnel syndrome, lumbar spondylosis and lumbar radiculopathy. Treatment to date has included oral pain medication and transforaminal epidural/nerve blocks. In a progress note dated 01/20/2015, the injured worker complained of neck and low back pain with numbness of the left leg. The injured worker noted that the Norco medication she was prescribed was too strong for her and resulted in emesis and that she would be returned to a lower dosage. Objective physical examination findings were notable for cervical and lumbar tenderness to palpation, taut muscle bands and trigger points of the cervical spine, decreased left L4 and L5 sensation to light touch and mild tenderness over the right cubital tunnel area. A request for authorization of a refill for Lidoderm patch was made. On 01/27/2015, Utilization Review non-certified a request for Lidoderm 5% with 3 refills between 01/20/2015 and 05/23/2015, noting that there was no evidence that the injured worker had been suffering from localized peripheral pain. MTUS guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm 5%, #30 with 3 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch), Topical analgesic Page(s): 56-57, 111-113. Decision based on Non-MTUS Citation Official disability guidelines, Pain chapter, Lidoderm

**Decision rationale:** This patient presents with neck pain, lower back pain, and lower extremities pain. The treater has asked for LIDODERM 5% WITH 3 REFILLS on 1/20/15. Review of reports shows that the patient has not had a trial of Lidoderm before. 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. In this case, the patient has chronic pain of the lower extremities. The treater is requesting a trial of lidoderm patches but the patient does not present with localized peripheral neuropathic pain. The patient has diffuse, peripheral, radicular symptoms for which patches are not indicated. MTUS does not support the use of patches for low back or neck pain either. The request IS NOT medically necessary.