

<b>Case Number:</b>	CM15-0018025		
<b>Date Assigned:</b>	02/05/2015	<b>Date of Injury:</b>	01/23/2004
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	01/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/30/2015

### 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 72 year old female who sustained an industrial injury on January 23, 2004. She has reported lower back pain and has been diagnosed with cervical postlaminectomy syndrome, degeneration of lumbar intervertebral disc, lumbar post laminectomy syndrome, and degeneration of intervertebral disc. Treatment has included medications and a home exercise program. Currently the injured worker complains of lower back pain that radiates to her left lower extremity. The treatment plan included a home exercise program and medications. On January 13, 2015 Utilization Review non-certified Lidocaine 5% patch 700 mg citing the MTUS guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidocaine 5% patch 700mg; quantity not indicated:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79.

**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 lower back pain, and left lower extremity pain. The treater has asked for LIDOCAINE 5% PATCH 700MG: QUANTITY NOT INDICATED on 12/10/14. Patient has been using Lidoderm since 2/17/14 report. The patient states that the lidoderm patches have helped with the pain, but does not need a refill as the dendracin lotion is working better per 5/12/14 report. The patient states in the 8/11/14 report that the Lidoderm patches have not given significant relief. 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. The patient is currently disabled. In this case, the patient has chronic pain of the back and lower extremity. The patient has been using lidoderm patches, which are not indicated for patient's peripheral neuropathic pain that is not localized. The reports show that Lidoderm patches seemed to be effective when patient began using them 7 months ago, but have recently stopped being as effective. Most recently, about 4 months ago, the patient stated they are not useful for pain relief anymore. Given the lack of indication and efficacy, the request IS NOT medically necessary.