

<b>Case Number:</b>	CM15-0111687		
<b>Date Assigned:</b>	06/18/2015	<b>Date of Injury:</b>	01/10/1999
<b>Decision Date:</b>	07/17/2015	<b>UR Denial Date:</b>	06/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2015

### 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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 38 year old female, who sustained an industrial injury on 1/10/1999. Diagnoses have included L4-L5: four to five millimeter central protrusion resulting in mild narrowing of the central canal and encroachment on the L5 lateral recess; L5-S1: left foraminal and central disc protrusion with associated left foraminal stenosis and encroachment of the left S1 lateral recess; associated L5 and S1 left-sided radiculopathy and L3-L4: annular bulge with central annular fissure and associated L3 and/or L4 radiculopathy improved after previous L4-L5 epidural steroid injection. Treatment to date has included epidural steroid injection, acupuncture and medication. According to the progress report dated 5/27/2015, the injured worker complained of worsening low back pain since childbirth. The pain was located in her left greater than right low back with radiation down to her buttocks and into her lateral and posterior thigh. She reported using Vicodin for a week due to worsening pain. Currently, she was managing her pain with Motrin and Tylenol. She reported that Lidoderm patches were helpful in the past. Physical exam revealed tenderness to palpation in the left greater than right lumbar paraspinals and gluteus muscles. Straight leg raise test was positive on the left. Authorization was requested for Lidoderm patches and Flector patches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm patch quantity: 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 Page(s): 56 of 127.

**Decision rationale:** This claimant was injured in 1999. There was lumbar degenerative disease. There had been epidurals and acupuncture. The pain continues in the left greater than right back. Lidoderm were helpful in the past. Lidoderm is the brand name for a lidocaine patch produced by [REDACTED]. 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). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. It is not clear the patient had forms of neuralgia, and that other agents had been first used and exhausted. The MTUS notes that further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. The request is not medically necessary under MTUS.

**Flector patch quantity: 60:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain medicine, Flector patches.

**Decision rationale:** This claimant was injured in 1999. There was lumbar degenerative disease. There had been epidurals and acupuncture. The pain continues in the left greater than right back. Lidoderm were helpful in the past. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. Regarding Flector patches, the ODG notes in the pain section: Not recommended as a first-line treatment. It is not clear what other agents had been exhausted before moving to this patch. Further, the Flector patch is FDA indicated for acute strains, sprains, and contusions. (FDA, 2007), not for chronic issues. The significant side effects noted in the 12/07/09 the FDA warnings, are not addressed. It is not clear this risk has been addressed in this case with measurements of transaminases periodically in patients receiving long-term therapy with diclofenac. Also, the benefit of topical NSAIDS is good for about two weeks, and studies are silent on longer term usage, therefore a long term usage as in this case is not supported. There simply is no data that substantiate Flector efficacy beyond two weeks. This request is not medically necessary.

