

<b>Case Number:</b>	CM15-0116831		
<b>Date Assigned:</b>	06/25/2015	<b>Date of Injury:</b>	02/28/2011
<b>Decision Date:</b>	08/06/2015	<b>UR Denial Date:</b>	06/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/17/2015

### 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: New York

Certification(s)/Specialty: Emergency 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 57 year old, female who sustained a work related injury on 2/28/11. The diagnoses have included cervical disc displacement without myelopathy, cervicgia, disorders of bursae and tendons in shoulder region and other affections of shoulder region. Treatments have included workstation modifications and medications. In the SOAP Note dated 5/27/15, the injured worker complains of neck and upper back pain. She rates her pain level a 4/10 with pain medications and a 7/10 without medications. She complains of constipation as a side effect and of feeling a little sore. She reports bilateral shoulder pain. She states she has functional improvements with the use of pain medications. She is doing yoga. She has tenderness to palpation over both cervical paraspinal muscles. She is working. She is unable to take prescribed Anaprox due to stomach problems. The provider states pain is not controlled. Recommendation made to use Lidoderm patches since she is unable to take the Anaprox. The treatment plan includes a request for authorization of Lidoderm patches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm 5% patch #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm, Topical Analgesics Page(s): 56-57, 111-112.

**Decision rationale:** Per CA MTUS guidelines, Lidoderm patches are a form of topical Lidocaine. "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." It is recommended for localized peripheral pain after there has been a trial of first line therapy of a tri-cyclic or serotonin-norepinephrine reuptake inhibitors (SNRI) antidepressants or an antiepileptic drug (AED) such as gabapentin or Lyrica. It is recommended as a second line treatment of peripheral and localized neuropathic pain. Topical lidocaine in dermal patch form (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain, and further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. There is no documentation of localized peripheral neuropathic pain. There is no evidence in any of the medical records that this injured worker has peripheral neuropathic pain. This request for Lidoderm patches is the first noted request for use of this medication. Due to lack of documentation of neuropathic pain and no documentation that supports therapy with a tri-cyclic or serotonin-norepinephrine reuptake inhibitors (SNRI) antidepressants or an antiepileptic drug (AED) such as gabapentin or Lyrica has been trialed, the request for Lidoderm patches is not medically necessary.