

<b>Case Number:</b>	CM15-0117877		
<b>Date Assigned:</b>	06/26/2015	<b>Date of Injury:</b>	05/11/1999
<b>Decision Date:</b>	08/06/2015	<b>UR Denial Date:</b>	05/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2015

### 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: Arizona, Michigan

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 56 year old female, who sustained an industrial injury on 05/11/1999. According to a progress report dated 04/14/2015, the injured worker was seen for follow up of the lumbar spine. She continued to have pain that was severe and intractable. Medications no longer give her adequate pain relief. She stated that this was the same pain intensity and pain problems that she had prior to insertion of a stimulator device years ago. Since the device no longer functioned and was removed, pain had reverted back to previous levels of years past. She attributed the presence of remaining hardware to her pain on her upper back, as well as to the presence of the nonworking leads still in place. Mediations included Norco, Xanax, Lidoderm and Flexeril. Objective findings included apparent lumbar spine radiculopathy, prominent straight leg raise and severe tenderness on palpation over the paraspinals. Range of motion of her lumbar spine was restricted due to pain. Current medications were inadequate to relieve her painful condition and would require some changes to her regimen. Palpation over the area where the wirings for the spinal cord stimulator were cut revealed severe tenderness and caused severe pain in the area. Diagnoses included lumbago, unspecified thoracic/lumbar neuritis, sciatica and post laminectomy syndrome lumbar. The treatment plan included Alprazolam, Soma, Oxycontin, Norco, Lidoderm patch 5% and a follow up in 4 weeks. Currently under review is the request for 1 prescription of Lidocaine 5% patch #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Lidocaine 5% patch #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch).

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

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Guidelines recommend topical Lidocaine only in the form of the Lidoderm patch for localized peripheral pain. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Records do not indicate that the injured worker has post-herpetic neuralgia. In this case, there was no documentation of trial and failure of antidepressants or anticonvulsants. She had been utilizing Lidoderm patch dating back to 2014. The provider noted that her current medications were inadequate to relieve her painful condition and would require changes. As such, the request for 1 prescription of Lidocaine 5% patch #30 is not medically necessary.