

<b>Case Number:</b>	CM15-0123120		
<b>Date Assigned:</b>	07/07/2015	<b>Date of Injury:</b>	09/06/2010
<b>Decision Date:</b>	07/31/2015	<b>UR Denial Date:</b>	06/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/25/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 25 year old female, who sustained an industrial injury on September 6, 2010. Treatment to date has included work modifications, home exercise program, and chiropractic therapy. Currently, the injured worker reports that she continues to be functional and rates her pain a 3 on a 10-point scale on most days. Her medications allow her to continue her responsibilities. She reports that she is being more active and that she does not find any significant improvement in her pain with exercise. She notes that her medications help with her pain and Lyrica is improving her neuropathic pain. Lidoderm is helping improve cervical pain by 50-60%. On physical examination the injured worker exhibits a smooth and synchronous gait and is in tandem with her upper extremities. She has decreased range of motion of the cervical spine and tenderness to palpation is noted over the left cervical spine. Her thoracic spine reveals some increased kyphosis with no tenderness noted. The diagnoses associated with the request include chronic thoracic pain, chronic cervical pain with cervical facet arthropathy, and occipital neuralgia. The treatment plan includes continued use of Lyrica and Lidoderm patches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm 5 percent #30 Refill: 4:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Lidoderm (lidocaine patch). p56-57 (2) Topical Analgesics, p111-113.

**Decision rationale:** The claimant sustained a work injury in September 2010 and continues to be treated for pain throughout the spine. When seen, she was continuing to work. She was trying to become more active. Physical examination findings included decreased cervical spine range of motion with left-sided occipital tenderness. Lyrica and brand-name Lidoderm were prescribed. In terms of topical treatments, topical lidocaine in a formulation that does not involve a dermal-patch system could be recommended for localized peripheral pain. Lidoderm 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. In this case, there are other topical treatments that could be considered. Therefore, Lidoderm was not medically necessary.