

<b>Case Number:</b>	CM15-0172972		
<b>Date Assigned:</b>	09/15/2015	<b>Date of Injury:</b>	04/25/2001
<b>Decision Date:</b>	10/21/2015	<b>UR Denial Date:</b>	08/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2015

### 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, Hawaii  
 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 44 year old female, who sustained an industrial injury on 04-25-2001. She has reported subsequent left shoulder, low back and head pain and was diagnosed with post-laminectomy syndrome of the lumbar spine, sciatica, disorders of sacrum and pain in shoulder joint. MRI of the lumbar spine dated 05-01-2012 showed annular disc bulge and facet arthrosis at L4-L5, small lateral protrusions resulting in mild to moderate bilateral foraminal stenosis and mild to moderate narrowing of the central canal, postoperative changes of posterolateral fusion and laminectomy at L5-S1 and small left lateral protrusion at L3-L4 resulting in mild left foraminal encroachment. MRI of the thoracic spine dated 7-17-2012 showed lesion compatible with dilatation of the central canal versus small central cord syrinx. Treatment to date has included oral and topical pain medication, acupuncture, biofeedback, chiropractic treatment, massage therapy, physical therapy, transcutaneous electrical nerve stimulator unit, H-wave unit, Botox and Cortisone injections with continued pain. The only medical documentation submitted that is dated prior to the utilization review decision is a medication refill note dated 07-22-2015. There were no subjective or objective examination findings included on this note. The physician indicated that the injured worker had called to request refills of medications including Lidoderm patches. A request for authorization of Lidoderm patch 5% #30 with 3 refills was submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm patch 5% # 30 with 3 refills: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch).

**Decision rationale:** The patient presents with pain affecting the head, low back and left shoulder. The current request is for Lidoderm patch 5% # 30 with 3 refills. The treating physician report dated 9/1/15 (24B) states, "her subjective, objective and diagnostic findings do indicate the presence of neuropathic pain for which the use of Lidoderm patch is appropriate and consistent with the guidelines." The report goes on to state, "She reports that these medications remain effective by reducing the pain by at least 50%. She has previously tried Baclofen, Morphine, Opana, Soma, Flexeril, Zanaflex and Flector patches; these were discontinued either due to side effects or lack of effect. Additionally, she has tried Acupuncture, Biofeedback, chiropractic treatment, massage therapy, PT, TENS, H-Wave, Botox and cortisone injections, but continues to have pain." The report further states, "She currently utilizes Gabapentin 600 mg TID for neuropathic pain; however, we do fear over-sedation with this medication. The concurrent use of Lidoderm along with Neurontin provides adequate analgesia without escalating the dosage of Gabapentin." The MTUS guidelines state Lidoderm is "Not recommended until after a trial of a first-line therapy, according to the criteria below. Lidoderm is the brand name for a lidocaine patch produced by [REDACTED]. Topical lidocaine may be recommended for localized neuropathic 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." In this case, there is evidence in the documents provided that the patient underwent a trial of a first-line therapy in the form of Gabapentin. Furthermore, the physician has documented that the patient presents with neuropathic pain and there is documentation that prior Lidoderm usage provided functional improvement for the patient. The current request satisfies the MTUS guidelines as outlined on pages 56-57. The current request is medically necessary.