

<b>Case Number:</b>	CM15-0175539		
<b>Date Assigned:</b>	09/16/2015	<b>Date of Injury:</b>	10/19/1999
<b>Decision Date:</b>	10/26/2015	<b>UR Denial Date:</b>	08/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/07/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, 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 51 year old male, who sustained an industrial injury on October 19, 1999. A review of the medical records indicates that the injured worker is undergoing treatment for chronic lumbar back pain status post arthrodesis from L3 through the sacrum in 2002, adjacent segment disease L2-L3 with retrolisthesis and instability, facet arthrosis L2-L3, bilateral sacroiliac joint dysfunction secondary to lumbar arthrodesis, and chronic intractable lumbar back pain. On July 18, 2015, the injured worker reported lower back pain, right shoulder pain, and right leg pain. The Primary Treating Physician's Initial Evaluation report dated July 18, 2015, noted the injured worker was currently using Norco 3-5 per day depending on his level of activity. Prior medications were noted to include Ibuprofen, Naprosyn, Flexeril, Neurontin, Lidoderm patches, Wellbutrin, and Protonix. The physical examination was noted to show right shoulder supraspinatus tenderness with thinning of the supraspinatus muscle, and right shoulder crepitus. Tenderness was noted in both elbows without medial or lateral epicondylar tenderness, and a positive Neer's test. The injured worker was noted to have some left trochanteric tenderness, tenderness medially in the left knee, lower thoracic and lumbar tenderness with some slight spasm, and bilateral sacroiliac tenderness. Straight leg rising was noted to be negative bilaterally. The treatment plan was noted to include continued use of Norco, and a prescription for Lidoderm patches as he had previously used Lidoderm patches and had previously taken Gabapentin. The injured worker was noted to not be able to work. The request for authorization dated July 18, 2015, requested Lidoderm 5% patch 1-3 a day #90 supply 30 days with 3 refills. The Utilization Review (UR) dated August 12, 2015, non-certified the request for Lidoderm 5% patch 1-3 a day #90 supply 30 days with 3 refills.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm 5% patch 1-3 a day #90 Supply 30 days with 3 refills:** Upheld

**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): Topical Analgesics.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines p112 states Lidocaine Indication: Neuropathic pain 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). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The medical records submitted for review do not indicate that the injured worker suffers from localized peripheral neuropathic pain for which lidocaine is indicated. The request is not medically necessary.