

<b>Case Number:</b>	CM15-0178772		
<b>Date Assigned:</b>	09/21/2015	<b>Date of Injury:</b>	03/01/2012
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	08/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2015

### 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: Texas, California

Certification(s)/Specialty: Family Practice

### 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 55 year old female, who sustained an industrial-work injury on 3-1-12. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar disc displacement, lumbar degenerative disc disease (DDD) and bilateral lower extremities (BLE) radiculopathy, cervical degenerative disc disease (DDD) with cervicogenic headaches, and bilateral carpal tunnel syndrome. Medical records dated (2-20-15 to 7-29-15) indicate that the injured worker complains of continued low back pain that radiates to the bilateral lower extremities (BLE). She also complains of neck pain with headaches that radiate to the upper extremities and aggravated with increased activity. The pain is rated 7-8 out of 10 on pain scale and decreased to 6 out of 10 with medications. The pain continues to limit her activity and mobility tolerance. Per the treating physician report dated 7-29-15 the injured worker has returned to work. The physical exam dated 7-29-15 reveals tenderness to palpation of the cervical spine and sub-occipital region. There are multiple trigger points and taut bands palpated throughout. The cervical range of motion is decreased. There is tenderness noted in the lumbar spine and sciatic notch. There is trigger points with taut bands with tenderness to palpation noted throughout. The lumbar range of motion is decreased. The sensory exam to pinprick is decreased along the right lateral thigh and lateral calf. The straight leg raise in modified sitting position is positive on the right at 45 degrees and the left at 60 degrees. The physician indicates that electromyography (EMG) of the lower extremities dated 8-9-12 reveals right S1 radiculopathy with diabetic polyneuropathy. Treatment to date has included pain medication including Norco, Anaprox, Topamax, Lidoderm patch (unknown amount of time) home exercise program (HEP) chiropractic sessions, 4 trigger point injections on 7-29-15 with

good relief of greater than 50 percent, diagnostics, and other modalities. The treating physician indicates that the urine drug test results dated 6-12-13 and 7-16-13 were inconsistent with the medication prescribed. The request for authorization date was 8-7-15 and requested service included Lidoderm patches 5%, #30. The original Utilization review dated 8-14-15 non-certified the request as per the guidelines there is no indication that the injured worker has neuropathic pain in the upper or lower extremities. There is no documentation of previous trial of oral neuropathic medications or failure of them. Therefore, the medical necessity was not established. The patient sustained the injury due to cumulative trauma. Patient had received cervical and lumbar ESI for this injury. The patient had received an unspecified number of conservative visits for this injury.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Lidoderm patches 5%, #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic) - Lidoderm (lidocaine patch).

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

**Decision rationale:** Request: Lidoderm patches 5%, #30. According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed". There is little to no research to support the use of many of these agents." Per the cited guidelines, "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. Non-dermal patch formulations are generally indicated as local anesthetics and anti-pruritics. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia." Evidence of post herpetic neuralgia or diabetic neuropathy is not specified in the records provided, in this patient. Topical lidocaine is not recommended by MTUS in such a patient. MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. A trial of antidepressants and anticonvulsants for these symptoms were not specified in the records provided. Intolerance or contraindication to oral medications is not specified in the records provided. The request for medication Lidoderm patches 5%, #30 is not medically necessary.