

<b>Case Number:</b>	CM15-0179599		
<b>Date Assigned:</b>	09/21/2015	<b>Date of Injury:</b>	01/25/2010
<b>Decision Date:</b>	12/01/2015	<b>UR Denial Date:</b>	09/10/2015
<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 57 year old female, who sustained an industrial injury on January 25, 2010. She reported neck pain, left shoulder pain and low back pain. The injured worker was diagnosed as having mechanical fall, hip contusion and low back pain. Treatment to date has included diagnostic studies, Botox injection, physical therapy, chiropractic treatment with benefit and medications. On September 3, 2015, the injured worker complained of low back pain with pain and numbness radiating down her right lower extremity and into her right foot with numbness. The pain was rated as an 8-9 on a 1-10 pain scale without medication and as a 3-5 on the pain scale with medication. She reported functional improvement with her current medication regimen. Physical examination revealed tenderness over the midline of the lower lumbar spine and over the bilateral lumbar paraspinal musculature, where muscle spasms and myofascial trigger points were noted. Active range of motion of the lumbar spine revealed flexion 35 degrees, extension 5 degrees and lateral bending 10 degrees. The seated straight leg raise procedure was positive on the right side. She was noted to walk with antalgia, using a single point cane and favoring her right lower extremity. The medication list include Zanaflex, Ambien, Motrin, Lidoderm patch, and Colace. A recent detailed clinical examination of the gastrointestinal tract was not specified in the records provided.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm patches 5% #30 with 2 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): Lidoderm (lidocaine patch), Topical Analgesics.

**Decision rationale:** Lidoderm patches 5% #30 with 2 refills. 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. Evidence of diminished effectiveness of oral medications was not specified in the records provided. 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. Intolerance or contraindication to oral medications is not specified in the records provided. A trial of antidepressants and anticonvulsants for these symptoms were not specified in the records provided. The request for medication Lidoderm patches 5% #30 with 2 refills is not medically necessary.