

<b>Case Number:</b>	CM15-0062681		
<b>Date Assigned:</b>	04/08/2015	<b>Date of Injury:</b>	06/13/2002
<b>Decision Date:</b>	05/11/2015	<b>UR Denial Date:</b>	03/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/02/2015

### 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: 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 53-year-old male, who sustained an industrial/work injury on 6/13/02. He reported initial complaints of neck pain and stiffness. The injured worker was diagnosed as having herniated discs of cervical region, moderate spinal stenosis at C4-5 and C5-6, s/p anterior cervical decompression interbody fusion of C4-5, C5-6, and C6-7. Treatment to date has included medication, diagnostics, and surgery (cervical fusion at C4-5, C5-6 C6-7 on 7/13/02). MRI results were reported on 5/13/02. X-Rays results were reported on 7/31/02. Currently, the injured worker complains of intermittent spasms in his neck and restricted range of motion. Per the primary physician's progress report (PR-2), from 6/2/14, findings revealed restricted cervical range of motion in bilateral torsion, lateral bending, and extension. Myofascial tenderness and hypertonicity was noted in the bilateral trapezius muscles. Normal sensation and muscle testing were noted in the upper extremities. Spurling's test was negative for localized pain or neurological symptoms. The requested treatment includes Lidoderm 5% patches. Per the doctor's note, dated 3/18/15, patient had complaints of neck pain and stiffness without numbness and tingling. Physical examination of the cervical region revealed limited range of motion, tenderness on palpation, negative spurling test and normal sensation and motor examination. The patient's surgical history includes bilateral knee surgery and neck surgery. Patient has received an unspecified number of PT visits for this injury. The medication list includes Lidoderm patch and Tizanidine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm 5% patches:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topicals.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical AnalgesicsLidoderm (lidocaine patch) page 56-57.

**Decision rationale:** Request: Lidoderm 5% patches. 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. According to the MTUS Chronic Pain Guidelines "Topical lidocaine may be 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). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia." MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Any trial of antidepressants and anticonvulsants for these symptoms were not specified in the records provided. Any intolerance or contraindication to oral medications is not specified in the records provided. Any evidence of post-herpetic neuralgia is not specified in the records provided. Lidoderm 5% patches is not medically necessary.