

<b>Case Number:</b>	CM15-0064816		
<b>Date Assigned:</b>	04/10/2015	<b>Date of Injury:</b>	07/12/2013
<b>Decision Date:</b>	05/12/2015	<b>UR Denial Date:</b>	03/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/06/2015

### 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

Certification(s)/Specialty: Emergency Medicine

### 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 30-year-old female, who sustained an industrial injury on 7/12/2013. She reported injury after being in a traffic accident. The injured worker was diagnosed as having status post traumatic head injury with post-concussion headaches, neuropathic right leg pain with right peroneal neuropathy, and lumbar spine sprain/strain. Treatment to date has included medications, home exercises. The request is for Lidocaine 5% patches #60. On 3/10/2015, she reports being able to work up to 6 hours a day, which is up from 4 hours per day. She attributes this to her pain being better controlled. She has been able to wean off of Nortriptyline, and has not needed Ibuprofen or Tylenol with Codeine over the last month. She reports only needing one dose of Imitrex over the last 30 days. She continues to do home exercises. Currently she complains of right lower extremity pain, and continued thoracic spine pain with radiation down to the right foot. She reports having gastrointestinal issues with medication. The treatment plan included request for: Lyrica, Gabapentin, Amitriptyline, Nortriptyline, and Lidocaine patches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidocaine Patches 5% #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Lidoderm.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Lidoderm (lidocaine patch) Page(s): 56-57.

**Decision rationale:** As per MTUS chronic pain guidelines, lidoderm/Lidocaine patch is only approved for peripheral neuropathic pain, specifically post-herpetic neuralgia. There is poor evidence to support its use in other neuropathic pain but may be considered after failure of 1st line treatment. Patient is currently being trialed on Lyrica. Patient also had reportedly attempted a trial of Lidocaine patches several months prior. However, there is no documentation of any functional objective improvement or if such a trial was attempted. Without failure of other 1st line medication for neuropathic pain or a successful trial of lidoderm, Lidocaine patch is not medically necessary.