

<b>Case Number:</b>	CM15-0068154		
<b>Date Assigned:</b>	04/15/2015	<b>Date of Injury:</b>	06/13/2014
<b>Decision Date:</b>	06/19/2015	<b>UR Denial Date:</b>	04/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2015

### 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: Physical Medicine & Rehabilitation

### 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 (IW) is a 46 year old female who sustained an industrial injury on 06/13/2014. She reported low back pain. The injured worker was diagnosed as having lumbago, and laxity of ligament. Treatment to date has included oral and topical medications. Tramadol did help her, but is not working well recently. Currently, the injured worker complains of pain in the lumbar spine that radiates to the sacrum, buttocks, right hip and iliac crest with radiation sometimes down the right posterior thigh. Bending and flexion increase the pain as does bending backward or lifting. Low back pain is constant with aching and increases with activity. There was tenderness to palpation of the paravertebral muscles and bilateral tenderness around the sacrum and coccyx. Treatment plans include chiropractic care, medication, work restrictions and an ergonomic evaluation of the work environment. According to the patient, she feels Lyrica "takes the edge off" her pain. The topical analgesic is requested to allow pain relief during the day without affecting her cognition. The requests for authorization are for the following medications: Lidocaine 5% patch (700mg/patch), per 04/01/15 order QTY: 30.00, Refill of Lidocaine 5% patch (700mg/patch), per 04/01/15 order QTY: 30.00, Refill of Lidocaine 5% patch (700mg/patch}, per 04/01/15 order QTY: 30.00, Percocet 10/325 mg, per 04/01/15 order QTY: 60.00, Lyrica 300 mg, per 04/01/15 order QTY: 60.00, Refill of Lyrica 300 mg, per 04/01/15 order QTY: 60.00, and Refill of Lyrica 300 mg, per 04/01/15 order QTY: 60.00.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidocaine 5% patch (700mg/patch), per 04/01/15 order QTY: 30.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111, 112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medications, Pages 111- 113.

**Decision rationale:** The patient exhibits diffuse tenderness and pain on the exam to the spine and extremities with radiating symptoms. The chance of any type of patch improving generalized symptoms and functionality significantly with such diffuse pain is very unlikely. Topical Lidoderm patch is indicated for post-herpetic neuralgia, according to the manufacturer. There is no evidence in any of the medical records that this patient has a neuropathic source for the diffuse pain. Without documentation of clear localized, peripheral pain to support treatment with Lidoderm along with functional benefit from treatment already rendered, medical necessity has not been established. There is no documentation of intolerance to oral medication as the patient is also on multiple other oral analgesics. The Lidocaine 5% patch (700mg/patch), per 04/01/15 order QTY: 30.00 is not medically necessary and appropriate.

**Refill of Lidocaine 5% patch (700mg/patch), per 04/01/15 order QTY: 30.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111, 112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medications, Pages 111- 113.

**Decision rationale:** The patient exhibits diffuse tenderness and pain on the exam to the spine and extremities with radiating symptoms. The chance of any type of patch improving generalized symptoms and functionality significantly with such diffuse pain is very unlikely. Topical Lidoderm patch is indicated for post-herpetic neuralgia, according to the manufacturer. There is no evidence in any of the medical records that this patient has a neuropathic source for the diffuse pain. Without documentation of clear localized, peripheral pain to support treatment with Lidoderm along with functional benefit from treatment already rendered, medical necessity has not been established. There is no documentation of intolerance to oral medication as the patient is also on multiple other oral analgesics. The Refill of Lidocaine 5% patch (700mg/patch), per 04/01/15 order QTY: 30.00 is not medically necessary and appropriate.

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