

<b>Case Number:</b>	CM15-0070407		
<b>Date Assigned:</b>	04/17/2015	<b>Date of Injury:</b>	08/17/2007
<b>Decision Date:</b>	05/21/2015	<b>UR Denial Date:</b>	03/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/13/2015

### 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, Hawaii  
 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 is a 65-year-old male, who sustained an industrial injury on 8/17/2007. The mechanism of injury is unknown. The injured worker was diagnosed as having cervical and lumbar degenerative disc disease, lumbar laminectomy in 2012, cervical laminectomy and depression. There is no record of a recent diagnostic study. Treatment to date has included surgery, therapy and medication management. In a progress note dated 2/10/2015, the injured worker complains of increasing low back pain and bilateral leg pain and pain in the head, neck and shoulders. The treating physician is requesting Lidoderm.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm Dis 5%:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

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

**Decision rationale:** The patient presents with pain affecting the low back, neck, head, bilateral shoulders, and bilateral legs. The current request is for Lidoderm Dis 5%. The requesting treating physician report was not found in the documents provided. The request for authorization dated 3/10/15 (36B) does note that the prescription was for Lidoderm 5% #30. MTUS guidelines state Lidoderm is "Not recommended until after a trial of a first-line therapy, according to the criteria below. Lidoderm is the brand name for a lidocaine patch produced by [REDACTED]. Topical lidocaine may be recommended for localized neuropathic 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." In this case, there is no evidence in the documents provided, that show the patient underwent any first-line therapy, and there is no documentation that prior Lidoderm usage provided any functional improvement for the patient. Furthermore, there is no quantity of Lidoderm patches to be prescribed to the patient specified in the current request and an open-ended request is not medically necessary. Recommendation is for denial.