

<b>Case Number:</b>	CM15-0071027		
<b>Date Assigned:</b>	04/21/2015	<b>Date of Injury:</b>	09/26/2014
<b>Decision Date:</b>	05/27/2015	<b>UR Denial Date:</b>	03/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 53-year-old male, who sustained an industrial injury on 9/26/2014. Diagnoses include cervical concussion without loss of consciousness, with persistent headache and memory problems, cervical spine sprain/strain and lumbosacral sprain/strain with bilateral sciatica. Treatment to date has included diagnostics and medications. Per the Primary Treating Physician's Progress Report/First Report of Occupational Injury dated 1/21/2015, the injured worker reported constant, moderate, to severe occipital-parietal pressure type headaches with mild dizziness, nausea and memory loss. He reports memory and concentration problems. There is constant moderate pain in the neck with tingling. Physical examination revealed the left shoulder slightly higher. There was mild increased thoracic kyphosis and tenderness along the lumbar paravertebral muscles and spinous processes. There was pain in the lumbar spine with incomplete squat. There was decreased sensation along the left thigh to the left knee. Lesegue's is positive bilaterally. The plan of care included medications and authorization was requested for Norco 5/325mg #60 and Lidoderm patch #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm 5% patch #30 with 1 refill:** Upheld

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

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

**Decision rationale:** Lidoderm 5% patch #30 with 1 refill is not medically necessary per the MTUS Guidelines. The guidelines state that 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. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. The documentation does not indicate failure of first line therapy for peripheral pain. The documentation does not indicate a diagnosis of post herpetic neuralgia. For these reasons the request for Lidoderm Patch 5% is not medically necessary.