

<b>Case Number:</b>	CM15-0072219		
<b>Date Assigned:</b>	04/22/2015	<b>Date of Injury:</b>	08/09/2005
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	04/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/16/2015

### 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 is a 46 year old female, who sustained an industrial injury on 8/9/05. The injured worker has complaints of low back and right leg pain and numbness. The diagnoses have included lumbago. Treatment to date has included Medrol patches, 20% methyl salicylate, 5% menthol, 0/0375% capsaicin to apply to her spine to reduce pain and improve function; skelaxin; duexis; aleve; motrin; Lidoderm patches and topamex; physical therapy and daily exercise program. The request was for Lidoderm 5% patches for lumbar spine (X30) times 2 boxes.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm 5% patches for lumbar spine (x 30) time 2 boxes:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical lidocaine Page(s): 56-57, 112. Decision based on Non-MTUS Citation Official disability guidelines Pain (chronic) chapter, Lidoderm (lidocaine patch).

**Decision rationale:** The 46 year old patient complains of improving chronic back pain and right anterior leg pain, as per progress report dated 03/23/15. The request is for LIDODERM 5% PATCHES FOR LUMBAR SPINE (X 30) TIME 2 BOXES. The RFA for the case is dated 03/23/15, and the patient's date of injury is 08/09/05. Diagnosis, as per progress report dated 03/23/15, included L4-5 disc protrusion with right L4 chronic radicular pain. The patient is working regular duty, as per the same progress report. MTUS guidelines page 57 states, "topical Novocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI anti-depressants or an AED such as pregabalin or Lyrica)." MTUS Page 112 also states, "Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain." When reading ODG guidelines, chapter 'Pain (chronic)' and topic 'Lidoderm (lidocaine patch)', it specifies that epidermal patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documenting pain and function. In this case, Lidoderm patches are mentioned in progress reports dated 04/24/14 and 03/23/15. In the most recent report dated 03/23/15, the treating physician states, "She requires a Lidoderm patch to apply to her back and leg nightly. This has been extremely helpful in reducing her pain." However, the physician does not use a validated scale to demonstrate this reduction in pain. Additionally, there is no indication of improvement in function, and decrease in medication use. Hence, the request IS NOT medically necessary.