

<b>Case Number:</b>	CM15-0078887		
<b>Date Assigned:</b>	04/30/2015	<b>Date of Injury:</b>	04/03/2011
<b>Decision Date:</b>	05/29/2015	<b>UR Denial Date:</b>	04/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2015

### 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: Family Practice

### 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 26-year-old female, who sustained an industrial injury on April 3, 2011. She reported low back pain. The injured worker was diagnosed as having thoracic/lumbosacral neuritis and radiculitis. Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention of the lumbar spine, physical therapy, medications and work restrictions. Currently, the injured worker complains of continued low back pain with radiating pain to the bilateral lower extremities with associated tingling and numbness down to the feet. The injured worker reported an industrial injury in 2011, resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. Evaluation on January 9, 2015, revealed continued pain as noted however she reported being more comfortable since the surgical intervention. Lidoderm patches were requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm patches 5% #30 (apply patch for 12 hours on and 12 hours off): Upheld**

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

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

**Decision rationale:** This patient receives treatment for chronic low back pain. This relates to a work-related injury dated 04/03/2011. The pre-operative diagnoses included L5-S1 spondylolisthesis, herniated lumbar disc, spinal canal stenosis, and pseudoarthrosis. The patient has "failed back," having had lumbar surgery. The patient received physical therapy and medications (Lyrica, cyclobenzaprine, and an NSAID). This review addresses a request for the Lidoderm patch. Lidoderm contains Lidocaine, an anesthetic agent. Lidoderm is FDA approved as a second line agent to treat post-herpetic neuropathy. Lidoderm has been used "off label" for diabetic peripheral neuropathy. Other uses of Lidoderm patches, for example chronic musculoskeletal pain, is experimental and not recommended. The FDA has issued warnings about the hazards of continuous use of Lidoderm patches. Based on the documentation, Lidoderm is not medically indicated.