

<b>Case Number:</b>	CM15-0091267		
<b>Date Assigned:</b>	06/22/2015	<b>Date of Injury:</b>	02/27/2000
<b>Decision Date:</b>	07/21/2015	<b>UR Denial Date:</b>	04/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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:

This is a 68 year old male with a February 27, 2000 date of injury. A progress note dated March 9, 2015 documents subjective findings (lower back pain that is stable; no pain radiating down the legs; right shoulder pain that is stable; pain rated at a level of 4/10, down from 8/10 at the last visit), objective findings (tenderness on palpation over the right subacromial bursa; normal range of motion of the right shoulder; decreased range of motion of the lumbar spine; straight leg raise positive on the left), and current diagnoses (rotator cuff tear; lumbar disc displacement without myelopathy; degeneration of lumbar intervertebral disc; lumbago). Treatments to date have included medications, transcutaneous electrical nerve stimulator unit, and imaging studies. The treating physician documented a plan of care that included Lidoderm patches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) prescription of lidoderm patches #2 boxes: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, one prescription Lidoderm patches #2 boxes are not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Lidoderm is indicated for localized pain consistent with a neuropathic etiology after there has been evidence of a trial with first line therapy. The criteria for use of Lidoderm patches are enumerated in the official disability guidelines. The criteria include, but are not limited to, localized pain consistent with a neuropathic etiology; failure of first-line neuropathic medications; area for treatment should be designated as well as the planned number of patches and duration for use (number of hours per day); trial of patch treatments recommended for short term (no more than four weeks); it is generally recommended no other medication changes be made during the trial. If improvement cannot be demonstrated, the medication be discontinued, etc. In this case, the injured worker's working diagnoses are rotator cuff tear; lumbar disc displacement without myelopathy; degeneration lumbar or lumbosacral inter-vertebral this; and lumbago. The documentation shows the treating provider prescribed Dendracin topical August 20, 2013. On January 5, 2015, the documentation shows Terocin was prescribed. A March 9, 2015 progress note shows Lidoderm 5% patches were being refill. Subjectively, the injured worker complains of low back pain without radicular complaints. Pain is 4/10. Objectively, there is no neurologic evaluation. The documentation does not indicate the location for application of Lidoderm patches. There is no documentation demonstrating objective(s) improvement with ongoing Lidoderm patches. Additionally, there is no documentation of first-line treatment failure with the presence and anti-convulsants. Consequently, absent clinical documentation with neuropathic symptoms and signs, evidence of objective functional improvement to support ongoing Lidoderm and clinical evidence of neuropathic symptoms and signs, one prescription Lidoderm patches #2 boxes are not medically necessary.