

<b>Case Number:</b>	CM15-0091348		
<b>Date Assigned:</b>	05/15/2015	<b>Date of Injury:</b>	01/12/2007
<b>Decision Date:</b>	06/17/2015	<b>UR Denial Date:</b>	05/08/2015
<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: North Carolina  
 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 51 year old female who sustained an industrial injury on 1/12/07. The mechanism of injury was unclear. She currently (4/22/15) continues to complain of chronic low back pain with radicular symptoms to her bilateral lower extremities right greater than left. On physical exam there was moderate tenderness noted in the right lower lumbar paraspinal region extending to the right buttock and right sacroiliac joint region. Medications are Norco, Colace, Lidoderm patch, Lyrica and Valium. She noticed a 40% reduction in pain with medications. Her pain level with medications was 4/10 and without medications 7/10. She had a urine drug screen, 2/25/15, which was consistent with current medications prescribed. Her activities of daily living are increased with medications. Diagnoses include chronic low back pain; possible right sacroiliac joint syndrome versus right piriformis syndrome with findings of L5 radiculopathy; right lower extremity sciatica; chronic lumbar strain; pain related insomnia; urinary incontinence. Treatments to date include medications; transcutaneous electrical nerve stimulator unit with benefit; epidural steroid injection at L5-S1 (12/29/09) and two later injections with benefit for 2 months with the last injection; heating pad daily with benefit. In the progress note dated 7/1/14 and 4/22/15 the treating provider's plan of care include name brand Lidoderm patch as the adhesive on the generic is inadequate. With Lidoderm her Norco is decreased and without it, it was necessary to increase the dosage of Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm 5% patch, #30:** Overturned

**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 topical analgesics Page(s): 111-113.

**Decision rationale:** The California chronic pain medical treatment guidelines section on topical lidocaine states: Lidocaine Indication: Neuropathic pain 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). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Non-dermal patch formulations are generally indicated as local anesthetics and anti-pruritics. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-pruritics. In February 2007 the FDA notified consumers and healthcare professionals of the potential hazards of the use of topical lidocaine. Those at particular risk were individuals that applied large amounts of this substance over large areas, left the products on for long periods of time, or used the agent with occlusive dressings. Systemic exposure was highly variable among patients. Only FDA-approved products are currently recommended. (Argoff, 2006) (Dworkin, 2007) (Khaliq-Cochrane, 2007) (Knotkova, 2007) (Lexi-Comp, 2008) Non-neuropathic pain: Not recommended. There is only one trial that tested 4% lidocaine for treatment of chronic muscle pain. The results showed there was no superiority over placebo. (Scudts, 1995) This medication is recommended for localized peripheral pain. Criteria for its use have been met in the provided clinical documentation for review and therefore the request is medically necessary.