

<b>Case Number:</b>	CM14-0151744		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	03/07/2006
<b>Decision Date:</b>	11/07/2014	<b>UR Denial Date:</b>	08/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 40 year old female who was injured on 03/07/2006. The mechanism of injury is unknown. Prior medication history included Norco 10/325 mg, Topamax, Celexa 40 mg, Ambien 10 mg, and ProAir. The patient does have a history of smoking marijuana 3 times a week. A follow-up report dated 07/17/2014 states the patient complained of cervical spine pain rated as an 8/10. She noted she has been taking her medication regularly. On exam, there is posterior spasm, tightness, and tenderness noted on the cervical paraspinal muscles. She is diagnosed with cervical disc disease, cervical radiculopathy, cervical facet syndrome, bilateral SI joint arthropathy. She was recommended to continue with Lidoderm patches 5% one transdermally 12 hours on and 12 hours off #30 one month supply which she has been utilizing since 05/30/2014. A prior utilization review dated 08/16/2014 states the request for Lidoderm patches 5% quantity 30 is not medically necessary as it is not recommended as first line treatment for chronic neuropathic pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm patches 5% quantity 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-97.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Treatment Guidelines Topical analgesics, Page(s) , page(s) 111-112. Decision based on Non-MTUS Citation Medical Evidence: Lidoderm package insert

**Decision rationale:** Lidoderm is a topical lidocaine patch approved by the FDA for the management of pain associated with post-herpetic neuralgia (PHN). The agent works by blocking sodium channels in the skin, thereby reducing the neuropathic pain signals generated in PHN. It has been used "off label" for other forms of neuropathic pain. The documentation in this case fails to indicate the presence of a neuropathic pain state, and does not specify where these patches are to be applied. There are no other evidence based indications or rationales for its usage that would suggest efficacy in a failed back syndrome or chronic lumbago condition. The ODG recommends that Lidoderm not be used as a first line therapy and only for short term usage. Based on the ODG guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.