

<b>Case Number:</b>	CM14-0173253		
<b>Date Assigned:</b>	10/24/2014	<b>Date of Injury:</b>	04/07/2014
<b>Decision Date:</b>	11/25/2014	<b>UR Denial Date:</b>	09/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Connecticut. 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:

After careful review of the medical records, this is a 52 year old male with complaints of low back pain and right knee pain. The date of injury is 4/7/14 and the mechanism of injury is twisting injury stepping off a machine loader 2.5 feet high off the ground leading to his current symptoms. At the time of request for topical Lidoderm patches 5% #60, there is subjective (low back pain, right knee pain) and objective (antalgic gait, swelling right knee, tenderness right knee, crepitus with motion right knee, McMurray test positive right knee, tenderness to palpation lumbar paraspinal musculature and Si joint right side) findings, imaging/other findings (knee film right shows severe degenerative joint disease/space narrowing), diagnoses (osteoarthritis right knee, tear of medial meniscus right knee, lumbar sprain/strain), and treatments to date (injection right knee, medications, physical therapy, right knee brace). Lidoderm is FDA approved only for post herpetic neuralgia and used off label (orphan status designation by the FDA) for other types of neuropathic pain. Topical Lidocaine may be recommended for localized peripheral pain and neuropathic pain after there has been evidence of a trial of first line therapy such as an AED.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Topical Lidoderm patches 5% #60:** Upheld

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

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

**Decision rationale:** Per MTUS-Chronic Pain Medical Treatment Guidelines, Lidoderm is FDA approved only for post herpetic neuralgia and used off label (orphan status designation by the FDA) for other types of neuropathic pain. Topical Lidocaine may be recommended for localized peripheral pain and neuropathic pain after there has been evidence of a trial of first line therapy such as an AED. As there is no supporting documentation for neuropathic pain indication as well as absence of a failed trial with an antiepileptic, Topical Lidoderm patches 5% #60 is not medically necessary and appropriate.