

<b>Case Number:</b>	CM13-0013828		
<b>Date Assigned:</b>	03/26/2014	<b>Date of Injury:</b>	06/13/2004
<b>Decision Date:</b>	04/08/2015	<b>UR Denial Date:</b>	08/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2013

### 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: New Jersey  
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 46 year old male, who sustained an industrial injury on 6/13/04. The injured worker has complaints of mid back pain. Thoracic spine examination noted that there was slight tenderness about the bilateral parathoracic muscles. The diagnoses have included thoracic spondylosis. According to the utilization review performed on 8/5/13, the requested lidoderm patches #30 has been non-certified. Chronic Pain Medical Treatment Guidelines were used in the utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LIDODERM PATCHES #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch), pp. 56-57, AND Topical Analgesics, Lidocaine p. 112.

**Decision rationale:** The MTUS Guidelines for Chronic Pain state that topical lidocaine is not a first-line therapy for chronic pain, but may be recommended for localized peripheral neuropathic

pain after there has been evidence of a trial of first-line therapy (including tri-cyclic, SNRI antidepressants, or an AED such as gabapentin or Lyrica). Topical lidocaine is not recommended for non-neuropathic pain as studies showed no superiority over placebo. In the case of this worker, lidocaine patches were recommended by his provider for acute exacerbations of pain to replace NSAIDs, which were contraindicated due to his kidney failure. However, there was no confirmation from subjective or physical finding reports to show neuropathic pain. Also, although topical medications may seem easier to manage in someone with kidney disease, there are first line oral medications that are acceptable to be used in this situation, and there was no indication that any of them were tried and failed before considering lidocaine. Therefore, the Lidoderm patches will be considered medically unnecessary, based on the documentation provided for review.