

<b>Case Number:</b>	CM13-0049824		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	12/06/2005
<b>Decision Date:</b>	03/12/2015	<b>UR Denial Date:</b>	10/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/08/2013

### 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: California

Certification(s)/Specialty: Orthopedic Surgery

### 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 53 year old male who was injured when he slipped and landed on his right hip, right shoulder and the right side of his face. The incident caused loss of consciousness. The date of injury was December 6, 2005. More current diagnoses include bilateral lower extremity radiculopathy, reactionary depression/anxiety and possible right sacroiliac joint syndrome. On March 20, 2006, he underwent L1-2 posterior fusion. On November 8, 2012, he underwent anterior cervical discectomy and fusion C3-4, C4-5, C5-6 and C6-7. On June 22, 2013, he underwent posterior lumbar interbody fusion L4-5 and L5-S1. On October 14, 2013, the injured worker complained of debilitating cervical and lumbar pain. He also stated that since his most recent surgery, he still gets neck pain and cervicogenic headaches. Physical examination revealed tenderness to palpation and trigger points in the neck and trapezius muscle. There was tenderness to palpation throughout the lumbar musculature. There was significant loss of range of motion in the cervical and lumbar spine. Notes stated that the injured worker was determined to have chronic myofascial pain in the posterior cervical and posterior lumbar musculature, which medical management therapies such as ongoing stretching exercises, physical therapy, NSAID's and/or muscle relaxants have failed to control. He received four trigger point injections and reported good pain relief of greater than 50% and an increased range of motion a few minutes after the injection. He noted to have significant problems with sleep related to his chronic pain and use of medications. A request was made for Neurontin #120, Trazodone #30, Lidoderm patch #60 and MS-Contin 60mg #90. On October 29, 2013, utilization review denied the request for Lidoderm patch #60.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm patch, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines LIDODERM (LIDOCAINE PATCH) Page(s): 56-57.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine Page(s): 56 and 57.

**Decision rationale:** According to the CA MTUS Chronic Pain Medical Treatment Guidelines, page 56 and 57, regarding Lidocaine, may be 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). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. In this case the exam note from 10/14/13 demonstrates there is no evidence of failure of first line medications such as gabapentin or Lyrica. Therefore the request is not medically necessary and non-certified.