

<b>Case Number:</b>	CM13-0023033		
<b>Date Assigned:</b>	11/15/2013	<b>Date of Injury:</b>	08/17/2007
<b>Decision Date:</b>	01/15/2014	<b>UR Denial Date:</b>	08/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiologist, has a subspecialty in Pain Medicine and is licensed to practice in California and Texas. 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 physician 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 63-year-old male who reported an injury on August 17, 2007. The patient was injured when he fell approximately 10 feet due to a propane blast. The patient is noted to have complaints of low back pain radiating to the lower extremities with associated weakness. The patient is status post cervical fusion and lumbar spine decompression. The patient has been previously treated with therapy, injections and medication management. The patient's medication regimen includes Lidoderm. The patient has positive straight leg raise on physical examination.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**5% Lidoderm #30:** Overturned

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

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

**Decision rationale:** The California MTUS guidelines states that "Topical 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 antiepileptic (AED) such as Gabapentin or

Lyrica)." The documentation submitted for review indicates that the patient has neuropathic pain complaints. The patient has been previously treated with medications to include Gabapentin. The patient is currently only using 1 patch per day. The patient is not currently utilizing any opioid pain medications and would benefit from continued use of Lidoderm patches at this time as his symptoms are being well controlled with current regimen. Given the above, the request is certified at this time.