

<b>Case Number:</b>	CM13-0034074		
<b>Date Assigned:</b>	12/06/2013	<b>Date of Injury:</b>	07/05/2006
<b>Decision Date:</b>	02/10/2014	<b>UR Denial Date:</b>	10/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/11/2013

### 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 anesthesiology, has a subspecialty in pain management and is licensed to practice in Florida. 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 47-year-old male who reported injury on 07/05/2006. The mechanism of injury was not provided. The patient's diagnosis was noted to be sprain in the lumbar region. The request was made for a Lidoderm patch.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidocaine pad 5% #30 refill x1:** Upheld

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

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

**Decision rationale:** California MTUS guidelines indicate that topical lidocaine (Lidoderm) 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. Clinical documentation submitted for review failed to indicate the patient had a trial of a first-line therapy and had failed in therapy. It was indicated the Lidoderm patch was

provided to the patient to improve the localized symptoms along the lateral border of the forearm. There was lack of documentation indicating exceptional factors to warrant nonadherence to guideline recommendations. Additionally, there was a lack of documentation indicating the necessity for a refill, as the efficacy of the medication would not be able to be established. Given the above, the request for lidocaine pad 5% #30 refill x1 is not medically necessary.