

<b>Case Number:</b>	CM13-0039425		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	11/05/1999
<b>Decision Date:</b>	04/29/2014	<b>UR Denial Date:</b>	10/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2013

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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:

The patient is a 47-year-old female who reported an injury on 11/05/1999. The mechanism of injury was not stated. The patient is diagnosed with thoracic sprain, sciatica, and herniated disc of the lumbar spine. The patient was seen by [REDACTED] on 09/27/2013. The patient reported increasing lower back pain and numbness in the right lower extremity. Physical examination revealed tenderness to palpation of the lumbar spine with paravertebral spasm and positive straight leg raising on the right. The treatment recommendations included a prescription for topical Lidoderm as well as continuation of current medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MEDICATION- TOPICAL LIDOERM 5% PATCHES QUANTITY: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 Topical Analgesics Page(s): 111-113.

**Decision rationale:** California MTUS Guidelines state Lidocaine is indicated for neuropathic or localized peripheral pain after there has been evidence of a trial of first line therapy. As per the documentation submitted, the patient does report increasing pain and numbness in the right lower

extremity. However, there is no evidence of a failure to respond to first line therapy with tricyclic or SNRI antidepressants or an anticonvulsant. Therefore, the patient does not currently meet criteria for the requested medication. As such, the request is non-certified.