

<b>Case Number:</b>	CM13-0045673		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	10/07/1997
<b>Decision Date:</b>	05/19/2014	<b>UR Denial Date:</b>	10/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### 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 Orthopedic Surgery and is licensed to practice in California. 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:

This is a 48-year-old female who sustained an injury to her low back in a work related accident on 07/09/97. The most recent clinical assessment for review is a handwritten 01/07/14 progress report indicating continued low back pain with diagnoses of lumbar radiculopathy and failed back syndrome. It documents that the claimant is with continued complaints of pain radiating down the left lower extremity with examination showing tenderness to palpation with diminished motion with flexion and extension. Medications were renewed at that time to include Percocet as well as Lidoderm Patches. Review of records from October 2013 showed no significant improvement with the treatment regimen over the past several months. Subjective complaints of that date were of pain and a continued need for medication agents was noted. Further physical examination findings were not documented.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PERCOCET 7.5/325 MG, #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-80.

**Decision rationale:** The Expert Reviewer's decision rationale: MTUS guidelines would not support the continued use of Percocet. In this instance the claimant is with no documentation of functional improvement with several clinical assessments showing no interval improvement with the medication regimen. The claimant has made no advancement in terms of overall progress of activities, function or work status and as such the continued use of the medication is not supported medically on the basis of evidence based guidelines.

**LIDODERM 5% PATCH, #160:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** MTUS guidelines would not support the continued use of Lidoderm Patches. Lidoderm is only indicated for neuropathic pain in cases of failed response to more appropriate first line agents including tricyclic antidepressants or medications such as Neurontin and Lyrica. Clinical records do not indicate a failed response to first line agents with a prescription for Lyrica only noted in an October 2013 assessment. Absent documentation of a failed response to first line treatments, the Lidoderm Patches are not medically supported.