

<b>Case Number:</b>	CM13-0046930		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	12/04/1989
<b>Decision Date:</b>	05/16/2014	<b>UR Denial Date:</b>	09/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2013

### 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 Neurology, has a subspecialty in Neuromuscular Medicine/Pain 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:

██████████ is a 58-year-old man who sustained a work related injury on December 4, 1989. Subsequently, he developed chronic back pain. He was diagnosed with lumbosacral spondylosis. He has a history of failed back surgery with intractable chronic lumbar pain, myofascial pain, radicular pain and neuropathic pain. According to note dated on August 19, 2013, his physical examination demonstrated chronic radiculopathy with diminished sensation in both lower extremities, lumbar spine with reduced range of motion. A lumbar CT scan demonstrated stability of the lumbosacral fusion. The provider requested authorization for Lidoderm patch.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **LIDODERM PATCH #2:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

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

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is

limited research to support the use of many of these agents. Furthermore, according to the MTUS guidelines, any compounded product that contains at least one non-recommended drug or drug class is not recommended for use. According to the records submitted, there is no documentation of failure of first line therapies. Therefore, the requested Lidoderm patches are not medically necessary.