

<b>Case Number:</b>	CM13-0047279		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	05/14/2004
<b>Decision Date:</b>	04/22/2014	<b>UR Denial Date:</b>	10/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/01/2013

### 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 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 39-year-old gentleman with the date of injury of 5/14/04. Submitted reports do not discuss the mechanism of injury. The patient has chronic symptoms, and is under the care of a general practice physician and a chiropractor for chronic low back pain. Notes indicate various causes, including myofascial, DJD, and DDD. However, reports do not reflect neuropathic pain, such as lumbar radiculopathy as cause of chronic symptoms. The patient returns in follow-up on 9/24/13, stating that meds and physiotherapy have been beneficial. This report does state that pain radiates to the left leg. Exam shows tender points and reduced ROM. No neuro abnormalities are noted. Diagnosis on this visit was lumbosacral sprain/strain. Refills of Tramadol, Fexmid, and Lidoderm are provided. This was submitted to Utilization Review on 10/11/13. Lidoderm was denied, as there was no clear documentation of neuropathic pain, and no documentation of first-line agents used for neuropathic symptoms prior to use of Lidoderm.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **LIDODERM PATCHES #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 112.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines support use of Lidoderm in patients with neuropathic pain with persistent symptoms despite a first line agent for neuropathic pain trial does not resolve or sufficiently relieve neuropathic symptoms. It is not recommended for non-neuropathic pain. Based on the medical records provided for review, the patient does not have neuropathic pain and is not on any first-line agents for neuropathic pain (such as anti-epileptics). The request for Lidoderm patches # 30 is not medically necessary and appropriate.