

<b>Case Number:</b>	CM13-0049621		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	02/24/2006
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	10/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/08/2013

### 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 Occupational Medicine 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of February 24, 2006. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; topical Lidoderm patches; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated October 1, 2013, the claims administrator denied a request for a topical Lidoderm patches. The claims administrator did incidentally note that the applicant had issues with dyspepsia. The claims administrator cited both MTUS and non-MTUS-ODG guidelines in its denial. The applicant's attorney subsequently appealed. On September 24, 2013, the applicant's treating provider stated that the applicant had issues tolerating Neurontin but had developed sedation with the same. The attending provider stated that Lidoderm patches were efficacious here and were not generating any side effects. The applicant's work status was not provided. On September 24, 2013, the applicant was described as having issues with anxiety, nephrolithiasis, major depressive disorder, and chronic low back pain. The attending provider stated that Lidoderm represented a good option for the applicant, given her issues with sedation with other medications, including Neurontin. The attending provider stated that the applicant had retired from her former place of employment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LIDODERM 5%, #30:** Overturned

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

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

**Decision rationale:** As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical lidocaine is indicated in the treatment of localized peripheral pain or neuropathic pain in applicants in whom there has been a trial of first-line therapy with antidepressants and/or anticonvulsants. In this case, it appears that the applicant had previously tried and failed oral Neurontin, and had, moreover, developed sedation with the same. Lidoderm patches are therefore indicated and, per the attending provider, have been efficacious. Therefore, the request is medically necessary.