

<b>Case Number:</b>	CM13-0057951		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	07/25/2008
<b>Decision Date:</b>	05/15/2014	<b>UR Denial Date:</b>	11/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2013

### 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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 56-year-old female who reported an injury on 07/25/2008. The mechanism of injury was not provided. The documentation of 07/08/2103 revealed the injured worker was utilizing Lidoderm patches and they worked. The diagnoses included chronic low back pain secondary to multilevel disc bulging with spondylosis at all levels except L5-S1, a mass lesion of the right sacrum ALA and the right side of the sacrum in the epidural soft tissues at S1, and status post surgery to the second metatarsal with Morton's neuroma. The discussion was Lidoderm patches to relieve symptoms of the industrial injury, a full body scan, chiropractic treatments as well as aquatic therapy treatments.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LIDOCAINE PATCH 5%, #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 56-57.

**Decision rationale:** The California MTUS Guidelines recommend topical lidocaine for localized peripheral pain after there has been evidence of a trial of first-line medication therapy. This is not a first-line patient. The duration of use for the requested medication could not be treatment. The clinical documentation submitted for review indicated the Lidoderm had been helpful to the established. There was a lack of documentation of objective functional benefit and an objective decrease in pain. The request as submitted failed to provide the frequency for the requested medication. The request for Lidocaine patch 5% #30 is not medically necessary and appropriate.