

<b>Case Number:</b>	CM13-0063391		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	12/20/2009
<b>Decision Date:</b>	06/04/2014	<b>UR Denial Date:</b>	12/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2013

### 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 Anesthesiology, has a subspecialty in Pain Management, 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 patient is an employee of [REDACTED] who has filed a claim for back pain with right leg numbness associated with industrial injury dated December 20, 2009. Treatment to date include chiropractic therapy, h-wave stimulation and pain medications which includes Naprosyn 550 mg, 1 tab BID, Omeprazole 20 mg, 1 tab OD, Dendracin ointment as needed given since February 5, 2013. Patient still complains with back pain, with right leg numbness, but no weakness in the legs. In a utilization review dated Dec. 4, 2013, the proposed medical treatment of Lidocaine patch 5% was denied because according to guidelines topical Lidocaine may only be recommended for localized peripheral pain after evidence of a trial of first line therapy of tricyclic or SNRI, anti-depressant or anti-epileptics which the patient has failed to take. Review of records submitted November 26, 2013 showed pain in the back with right leg numbness with no weakness of the legs. Positive right SLR and decreased ROM of the back were also reported.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LIDOCAINE PATCH 5%:** Upheld

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

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

**Decision rationale:** According to CA MTUS Chronic Pain Medical Treatment Guidelines pages 56-57, topical Lidocaine is not first-line therapy for chronic pain. It is only recommended for a trial if there's evidence of localized pain that is consistent with neuropathic etiology and there should be evidence of a trial of first line neuropathy medications such as tri-cyclic or SNRI antidepressants or anti-epileptics prior to prescribing Lidocaine patch. In this case, the patient was first prescribed in November 2013. However, the prior medical report did not report a neurological exam. There is no history of failure of first line medications. Therefore, the request for Lidoderm is not medically necessary.