

<b>Case Number:</b>	CM13-0069473		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	03/01/2012
<b>Decision Date:</b>	07/14/2014	<b>UR Denial Date:</b>	12/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2013

### 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 Internal Medicine, and is licensed to practice in New York. 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 a 32 year old female who was injured on 03/01/2012. The mechanism of injury is unknown. Her diagnosis is chronic low back pain. Prior treatment history has included trigger point injections and medications including Tylenol, Lidoderm, Gabapentin, Naproxen, Flexeril and Docupren. She uses TENS unit for pain as needed. Diagnostic studies reviewed include MRI of the lumbar spine without contrast dated 01/10/2013 was reviewed. X-ray of the lumbar spine dated 07/24/2013 revealed the left innominate is inferior relative to the right. An over compensatory right inclination of the lumbothoracic spine is noted. Hyperextension of the lumbar spine from the level of L4 is noted. There is no evidence of spondylolisthesis. Facet arthrosis at the L4 through S1 vertebral level is noted. There is no evidence of vertebral body compression fracture. Request for authorization note dated 06/12/2013 states the patient has low back pain with radiation into the left buttock as well as exacerbation of pain in the left low back. Objective findings on exam revealed some tenderness in the lumbar paraspinals especially in the left lower lumbar paraspinals at L5 level and some tenderness in the left gluteus medius. The majority of the tenderness is at the lower lumbar paraspinals. Diagnoses are chronic constant low back pain with referred pain into the left buttock with exacerbation of pain into the left lower lumbar paraspinals due to chronic spasms and tightness. The treating provider has requested Lidoderm Patch 5% # 30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LIDODERM PATCH 5% #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** Per California MTUS 2009 Guidelines Lidoderm is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy( tricyclic or SNRI anti-depressants or an anticonvulsant medication such as gabapentin or Lyrica). The medication is only FDA approved for post-herpetic neuralgia. There is no documentation of intolerance to other previous treatments. Medical necessity for the requested topical medications has not been established. The requested treatment is not medically necessary.