

<b>Case Number:</b>	CM13-0072389		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	03/30/2012
<b>Decision Date:</b>	05/30/2014	<b>UR Denial Date:</b>	12/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/26/2013

### 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 Family Medicine and is licensed to practice in Arizona. 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 46 year old male with a date of injury on 3/20/2012. Diagnoses include cervical spinal cord injury, tetraparesis, C2 nondisplaced fracture, traumatic brain injury, medial meniscal tear, spasticity, and mild clonus. Subjective complaints are of increased right knee pain with intermittent locking and instability. Also complains of right neck pain and left knee pain. Physical exam shows right knee quadriceps atrophy, tenderness over the medial and lateral joint line and underneath the patella. There is patellofemoral crepitus and clicking. McMurray and Apley tests are positive on the right knee. Hemispasms were noted on the left, with antalgic gait, and occasional involuntary movements. Previous treatments have included psychotherapy, halo vest, and status post left knee meniscectomy on 9/30/12. Medications include Lyrica, Baclofen, Limbrel, Cymbalta, Colace, Meclizine, Prilosec, Flomax, clonazepam, Norco, and Lidoderm. Lidoderm was documented to be applied to the lower back.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **LIDODERM 5% PATCH 12 HOURS ON, 12 HOURS OFF LOW BACK UNITS 30:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66-67.

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

**Decision rationale:** CA MTUS recommends Lidoderm as a second line treatment for localized peripheral pain after there has been evidence of first line therapy treatment failure. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. The submitted documentation indicates the use of Lidoderm is for low back pain. The records do not provide evidence for post-herpetic neuralgia or for localized peripheral pain. Furthermore, documentation does not mention low back symptoms, or associated objective findings. Therefore, the request for Lidoderm patches is not medically necessary.