

<b>Case Number:</b>	CM14-0000147		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	04/06/2006
<b>Decision Date:</b>	04/22/2014	<b>UR Denial Date:</b>	12/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2013

### 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 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:

This patient is a 48-year-old male who sustained a work related injury on 04/06/2006 when he slipped and twisted injuring his lower back. Treatment history includes lumbar epidural steroid injection (ESI), medications, and work restrictions. Medications list include Ultram, Soma, Prilosec, Celebrex, and Cymbalta. A note dated 09/04/2013 indicates that patient presented with complaints of a lot of trouble sitting or lying down for the past 2 weeks. He states his back "feels like it is being compressed" and has numbness and burning down his legs. Soma and Tramadol gives mild pain relief. On physical exam, there was no deformity and no visible muscle atrophy in the upper and lower limbs by gross inspection. There was no swelling in bilateral lower extremities. Inspection shows no scar on lower back and no evidence of scoliosis. There was tenderness to palpation across the lower back. Lumbar spine testing shows nearly normal range of motion in flexion, extension, lateral flexion, and rotation. No significant weakness. Sensory testing was decreased in left L5 distribution. Reflex symmetrical with knee 2+ and ankle 1+ bilaterally. Diagnoses were chronic low back pain with multiple levels of disc disorders, left lumbar radiculopathy, and depression.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LIDODERM PATCH 5%, #30, ONE EVERY 12 HOURS:** Upheld

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

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

**Decision rationale:** As per CA MTUS guidelines, topical lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or selective norepinephrine reuptake inhibitor (SNRI) anti-depressants or an anti-epileptic drug (AED) such as gabapentin or Lyrica). Guidelines also indicate that further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. In this case, this patient is diagnosed with chronic lower back pain with left lumbar radiculopathy. Thus, the use of Lidoderm patch is not supported by guidelines in this patient and hence the request is non-certified.