

<b>Case Number:</b>	CM14-0000168		
<b>Date Assigned:</b>	01/10/2014	<b>Date of Injury:</b>	06/17/2006
<b>Decision Date:</b>	06/13/2014	<b>UR Denial Date:</b>	12/12/2013
<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 Orthopaedic Surgery 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 claimant is a 31-year-old female who was injured on June 17, 2006. Previous conservative measures have included medications, injections, and acupuncture. The most recent clinical document, dated August 26, 2013, indicates the claimant returns with continued complaints of left hip pain. Headaches are documented as having diminished since undergone acupuncture. The current medications are documented to include Cyclobenzaprine 10 mg, one tablet daily, Ibuprofen 800 mg one tablet twice daily, and Lidoderm Patches once daily. The examination notes restricted range of motion lumbar spine with increased pain and muscle guarding. There is no documentation of neuropathic or radicular type pain. The utilization review in question was rendered on December 12, 2013 and noncertified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**REFILL LIDODERM PATCHES 5% #30:** Upheld

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

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

**Decision rationale:** The California Medical Treatment Utilization Schedule (CA MTUS) supports the use of lidocaine patches for the management of neuropathic pain localized to the periphery after evidence of a trial first-line therapy such as tricyclic or antiepileptic drugs has been attempted and failed. Based on clinical documentation provided, the most recent clinic notes do not provide evidence of peripheral neuropathic pain. As such, the request is considered not medically necessary.