

<b>Case Number:</b>	CM14-0001176		
<b>Date Assigned:</b>	05/12/2014	<b>Date of Injury:</b>	02/28/2013
<b>Decision Date:</b>	07/10/2014	<b>UR Denial Date:</b>	12/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/02/2014

### 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 & Rehabilitation, has a subspecialty in Interventional Spine 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 case involves a 34 year-old male who was injured on 2/28/13. He has been diagnosed with cervical disc syndrome; bilateral rotator cuff syndrome; lumbar disc syndrome; low back pain; bilateral knee sprain, OA, meniscal tears; Bell's palsy; headaches. According to the 11/4/13 orthopedic report from [REDACTED], the patient presents with 10/10 pain in his neck, bilateral shoulders, and lower back. He was taking omeprazole, Flexeril; Tramadol 50mg, naproxen 550mg, and Lidoderm patches. On 12/9/13 UR denied the Lidoderm patches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LIDODERM PATCH:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57, 112.

**Decision rationale:** The initial trial of Lidoderm appears to be on 11/4/13. The initial report from [REDACTED] is dated 6/17/13. MTUS states topical lidocaine is an option for neuropathic pain after trials of first line therapy such as TCA or SNRI antidepressants or AEDs

such as gabapentin or Lyrica. The medical records provided do not show trials of first line therapy. The request for Lidoderm patches without trials of first line therapy is not in accordance with MTUS guidelines.