

<b>Case Number:</b>	CM14-0001999		
<b>Date Assigned:</b>	01/15/2014	<b>Date of Injury:</b>	07/08/2010
<b>Decision Date:</b>	06/25/2014	<b>UR Denial Date:</b>	12/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/03/2014

### 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 and Rehabilitation 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 patient is a 51-year-old female, who has submitted a claim for Chronic Lumbar Pain, associated with an industrial injury date of July 8, 2010. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of low back pain, with weakness of her legs. On physical examination, patient manifested with antalgic gait. Tenderness was noted on the paralumbar region, with limited range of motion. Reflexes were normoactive bilaterally. Treatment to date has included, Gabapentin and Physical Therapy for 4 sessions. Utilization review from December 20, 2013, denied the request for lidoderm patches, one (1) box for thirty (30) patches, with three (3) refills because records does not document neuropathic pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LIDODERM PATCHES, ONE (1) BOX FOR THIRTY (30) PATCHES, WITH THREE (3) REFILLS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS, 112

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 56-57.

**Decision rationale:** As stated on pages 56-57, of the Chronic Pain Medical Treatment Guidelines, topical lidocaine, may be recommended for localized peripheral pain, after there has been evidence of a trial of first-line therapy; however, further research is needed to recommend this treatment for chronic neuropathic pain disorders, other than post-herpetic neuralgia. In this case, records reviewed showed no evidence of failed trial of first-line therapy, such as Gabapentin; patient reported pain relief with the use of Gabapentin. In addition, there is lack of documentation on subjective complaints that support a case for neuropathic pain. Moreover, there is no discussion concerning the frequency of medication use. Therefore, the request for Llidoderm patches, one (1) box for thirty (30) patches, with three (3) refills is not medically necessary.