

<b>Case Number:</b>	CM14-0005056		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	04/23/2001
<b>Decision Date:</b>	06/19/2014	<b>UR Denial Date:</b>	01/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/14/2014

### 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 Anesthesiology and Pain Medicine, and is licensed to practice in Florida. 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 injured worker is a 69 year old female who reported an injury on 04/23/2001. The injured worker had a physical evaluation on 12/31/2013. She reported that her bilateral hip pain was less than before. She states pain was worse with lifting, bending and twisting and pain was better with sleep, medication, rest and ice. The injured worker reported 2/10 pain with medication and 3/10 pain without medication. The injured workers physical exam findings were all within normal limits. The injured worker had diagnoses including postlaminectomy syndrome cervical region and postlaminectomy syndrome lumbar region. The provider recommended a refill of Lidoderm patches due reports from the injured worker indicating they had been helpful for the last three years for neuropathic pain from failed back surgery syndrome. The request for authorization was submitted on 12/31/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **LIDODERM PATCHES 5% 1 BOX X2: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111. Decision based on Non-MTUS Citation ODG Workers Compensation Drug Formulary, online edition, and drugs.com.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Topical Analgesics Page(s): 112.

**Decision rationale:** The request for prescription of Lidoderm 5%, 1 box with 2 refills is non-certified. The California MTUS Guidelines state that Lidoderm is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy. There is a lack of objective evidence of peripheral pain. The most recent clinical note indicates pain is improving and the findings do not indicate range of motion deficits related to pain. However, there is a lack of quantifiable objective functional improvement with the medications. Therefore, the request is not medically necessary.