

<b>Case Number:</b>	CM14-0006195		
<b>Date Assigned:</b>	02/07/2014	<b>Date of Injury:</b>	07/15/1997
<b>Decision Date:</b>	07/11/2014	<b>UR Denial Date:</b>	01/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/16/2014

### 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 Occupational 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 is a 55-year-old female patient with a date of injury of 7/15/97. The mechanism of injury is not noted. On 10/8/13, the patient presents with chronic back pain, leg pain, and joint pain which was rated at 7-8/10. She had back stiffness, numbness, radicular pain, and weakness in both right and left legs. Her back pain was described as aching, burning, and stabbing. Objective findings show her sitting uncomfortably with pain along the paraspinous area of the lumbar spine which is slightly aggravated by the range of motion testing. Sitting or standing for any extended periods cause acute exacerbations of pain. The diagnostic impression is of acute exacerbation of chronic lumbosacral spinal pain. Treatment to date has included medication management, a home exercise program, lumbar spine surgery at three levels, and radiofrequency ablation at five levels on the left.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LIDODERM PATCH 5%:** Upheld

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

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

**Decision rationale:** The California MTUS states that topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). The Official Disability Guidelines state that Lidoderm is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points. There is no documentation that the patient failed a trial of first-line therapy such as Neurontin or a tricyclic antidepressant. In addition, guideline criteria for the use of Lidoderm patches states that the area for treatment should be designated as well as number of planned patches and duration for use. In addition, a trial of patch treatment is recommended for a short-term period. As such, the request is not medically necessary.