

<b>Case Number:</b>	CM14-0006980		
<b>Date Assigned:</b>	02/07/2014	<b>Date of Injury:</b>	10/15/2004
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	01/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/18/2014

### 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 57-year-old patient with a October 15, 2004 date of injury. Progress reports from February 11, 2013 to January 7, 2014 indicated that the patient had pain in the lumbar spine. Objective findings demonstrated limited lumbar ROM (range of motion), tenderness in the thoracic paraspinals and lumbar paraspinals. The patient exhibited some guarding with transition from sitting to standing. He was asking for epidural steroid injections because he had success in the past. He was diagnosed with chronic thoracic pain, lumbar sprain, and muscle spasm. Treatment included Kadian for around the clock pain control, Norco. Orphenadrin 100mg and Tizanidine 4 mg for muscle spasm. Zolpidem 10 mg for sleep disturbance; and home exercise program walking, cycling, swimming, and yoga for flexibility. There is documentation of a previous January 8, 2014 adverse determination, based on the fact that there was no clear documentation to corroborate the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LIDODERM TOPICAL 5% (700MG) #90 30 DAY SUPPLY:** 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, , 56-57

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

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines 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 [serotonin-norepinephrine reuptake inhibitor] anti-depressants or an AED [anti-epileptic drug] such as gabapentin or Lyrica). ODG states that Lidoderm is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points. The patient presented with persistent pain in the lower back. Medical treatment included Kadian for the around the clock pain control, Norco, Orphenadrin 100mg, Tizanidine 4 mg for muscle spasm, and Zolpidem 10 mg for sleep disturbance. However, there was no evidence of failure of a trial of first-line agents. Moreover, response to previous Lidoderm treatment was not documented. The request for lidoderm topical 5% (700mg), #90 thirty day supply, is not medically necessary or appropriate.