

<b>Case Number:</b>	CM14-0101756		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	02/19/2009
<b>Decision Date:</b>	12/31/2014	<b>UR Denial Date:</b>	06/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/01/2014

### 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 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:

According to the records made available for review, this is a 50-year-old female with a 2/19/09 date of injury. At the time (6/5/14) of the request for authorization for Lidocaine pad 5%, #90, there is documentation of subjective (left-sided shoulder pain with weakness and lower back pain with radiculopathy in the lower extremities) and objective (spasm, tenderness, and guarding is noted in the paravertebral muscles of the lumbar spine along with decreased range of motion; decreased dermatomal sensation with pain is noted over the bilateral L5 dermatomes; loss of motor strength over the left deltoid is noted to be grade 4/5) findings, current diagnoses (sprains and strains of thoracic region, brachial neuritis or radiculitis not otherwise specified, thoracic or lumbosacral neuritis or radiculitis not otherwise specified, shoulder region disorders not elsewhere classified, sprains and strains of hip and thigh not otherwise specified, pes anserinus tendinitis or bursitis, enthesopathy of wrist, and sprains and strains of ankle not otherwise specified), and treatment to date (medication including Gabapentin). There is no documentation that a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica) has failed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidocaine PAD 5% #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of neuropathic pain after there has been evidence that a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica) has failed, as criteria necessary to support the medical necessity of a Lidocaine patch. Within the medical information available for review, there is documentation of diagnoses of sprains and strains of thoracic region, brachial neuritis or radiculitis not otherwise specified, thoracic or lumbosacral neuritis or radiculitis not otherwise specified, shoulder region disorders not elsewhere classified, sprains and strains of hip and thigh not otherwise specified, pes anserinus tendinitis or bursitis, enthesopathy of wrist, and sprains and strains of ankle not otherwise specified. In addition, there is documentation of neuropathic pain. However, despite documentation of treatment with Gabapentin, there is no documentation that a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica) has failed. Therefore, based on guidelines and a review of the evidence, the request for Lidocaine pad 5%, #90 is not medically necessary.