

<b>Case Number:</b>	CM14-0104684		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	12/18/2009
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	06/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2014

### 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 Nevada. 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 records presented for review indicate that this 56-year-old female was reportedly injured on December 18, 2009. The mechanism of injury is noted as repetitive motion. The most recent progress note, dated may second 2014, indicates that there are ongoing complaints of neck pain with spasms as well as intermittent headaches. Current medications include Cymbalta, Nortriptyline, Naprosyn, Omeprazole, and Lidoderm patches The physical examination demonstrated mild tenderness along the cervical paraspinal muscles. There was slightly decreased cervical spine range of motion. There was also tenderness along the thoracic spine. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes a cervical and thoracic spine epidural steroid injection, psychological care, physical therapy, as well as medications.. A request had been made for Lidoderm 5% patches and was not certified in the pre-authorization process on June 2, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm 5% patches:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter (web), Zolpidem

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

**Decision rationale:** The California MTUS Guidelines support the use of topical lidocaine for individuals with neuropathic pain that have failed treatment with first-line therapy including antidepressants or anti-epilepsy medications. Based on the progress note dated May second 2014, the injured employee is already prescribed Cymbalta and Nortriptyline to help with neuropathic pain. It is also stated that lidocaine patches are rarely used. For these reasons, this request for Lidoderm 5% patches is not medically necessary.