

<b>Case Number:</b>	CM14-0011359		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	10/10/2002
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	12/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/28/2014

### 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain associated with an industrial injury of October 10, 2002. Thus far, the applicant has been treated with analgesic medications, antidepressants, and topical agents. A June 14, 2013 progress note is notable for comments that the applicant reported persistent complaints of low back pain. The applicant was now getting along with a new neighbor. The applicant was continuing to smoke. The applicant stated that ongoing usage of Norco was ameliorating her pain, which was rated as 8/10 without medications and 6/10 with medication. The applicant was described as using Norco, Desyrel, Ocuflax, Zestril, Plavix, Besivance, Cardizem, Tessalon Perles, Maxitrol, Zocor, aspirin, hydrochlorothiazide, Lopressor, and Lidoderm patches as of this point in time. It was unclear how recently the applicant's medication list had been updated, however. On September 13, 2013, it was stated that the applicant's ongoing usage of trazodone and Norco was well tolerated and was allowing her to remain functional. The attending provider then stated in another section of the report that the applicant was also using trazodone for depression in addition to back and neck pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LIDODERM PATCH 5% #540:** Upheld

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

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

**Decision rationale:** As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical lidocaine or Lidoderm is indicated in the treatment of localized peripheral pain or neuropathic pain in applicants in whom there has been a trial of first line therapy of antidepressant and/or anticonvulsants. In this case, however, the applicant's ongoing usage of trazodone, an atypical antidepressant medication seemingly being used for both depression and pain here, effectively obviates the need for the Lidoderm patches. Therefore, the request is not medically necessary.