

<b>Case Number:</b>	CM14-0015035		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	10/10/2005
<b>Decision Date:</b>	06/27/2014	<b>UR Denial Date:</b>	01/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2014

### 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 reportedly associated with an industrial injury of October 10, 2005. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; earlier lumbar spine surgery; lumbar support; opioid therapy; and a TENS unit. In a Utilization Review Report dated January 24, 2014, the claims administrator denied a request for Lidoderm patches and denied a request for topical Methoderm ointment. The applicant's attorney subsequently appealed. In a progress note of January 7, 2014, the applicant was described as reporting persistent complaints of low back pain. The applicant was using tramadol, TENS unit, and a lumbar support, it was suggested at that point in time. The applicant was asked to continue tramadol. Lidoderm patches were endorsed on a trial basis, along with a trial of Methoderm ointment. The applicant's work status was not detailed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LIDODERM 5% PATCH #30 WITH 3 REFILLS QTY: 120.00:** 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, TOPICAL ANALGESICS, 112

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

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, topical 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 with antidepressants and/or anticonvulsants. In this case, however, there was no mention of the applicant's having failed antidepressants and/or anticonvulsants prior to the request for Lidoderm patches being initiated. The request for Lidoderm 5% patch, thirty count with three refills, is not medically necessary or appropriate.

**MENTHODERM #1:** Overturned

**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 SALICYLATE TOPICALS TOPIC Page(s): 105.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, salicylate topicals such as Methoderm are recommended in the treatment of chronic pain, as is present here. The request in question represents a first-time request for topical Methoderm. It appears that other analgesic agents have been previously tried and failed, both oral and topical. A trial of Methoderm is therefore indicated. The request for Methoderm is medically necessary and appropriate.