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| <b>Case Number:</b>   | CM14-0017017 |                              |            |
| <b>Date Assigned:</b> | 03/07/2014   | <b>Date of Injury:</b>       | 09/03/2013 |
| <b>Decision Date:</b> | 05/30/2014   | <b>UR Denial Date:</b>       | 01/27/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/10/2014 |

### 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 has a subspecialty in Interventional Spine 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 patient reported an injury date of 09/03/13. Based on the 01/16/14 progress report provided by [REDACTED], the patient's diagnoses include spasm of muscle, cervical pain, left shoulder pain, and left occipital neuralgia. The patient complains of neck pain and rates it as a 1/10. He also has poor quality of sleep. The 01/24/14 MRI of the cervical spine shows that at C3- C4, there is a left-sided unconvertrebral spurring and osteophytic ridging resulting in mild to moderate central canal and left foraminal stenosis and straightening of normal cervical lordosis (nonspecific finding but may be associated with spasm). [REDACTED] is requesting for Lidoderm 5% patch #30. The utilization review determination being challenged is dated 01/27/14 and recommends denial of the Lidoderm. [REDACTED] is the requesting provider, and he provided treatment reports from 11/07/13- 02/13/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **LIDODERM 5 % PATCH #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine Patch).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine Patch) Page(s): 56-57, 111-113.

**Decision rationale:** According to the 01/16/14 progress report, the patient presents with spasm of muscle, cervical pain, left shoulder pain, and left occipital neuralgia. The request is for Lidoderm 5% patch #30. The patient has been taking Lidoderm since 12/19/13. MTUS Guidelines recommends Lidoderm patches for neuropathic pain only stating, "Recommended for localized peripheral pain after there has been evidence of trial of first-line therapy, tricyclic SNRI, antidepressants or an AED such as gabapentin or Lyrica." This patient does not present with localized, peripheral neuropathic pain for which Lidoderms are indicated for. Therefore, the request for Lidoderm 5% Patch #30 is not medically necessary and appropriate.