

<b>Case Number:</b>	CM14-0017157		
<b>Date Assigned:</b>	04/14/2014	<b>Date of Injury:</b>	09/07/2008
<b>Decision Date:</b>	06/02/2014	<b>UR Denial Date:</b>	01/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/11/2014

### 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 has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 injured worker is a 52-year-old female who reported an injury on 09/07/2008. The mechanism of injury was not provided for review. The injured worker reportedly sustained a fracture to her left 2nd metatarsal. The injured worker developed compensatory right knee pain and back pain. The injured worker's treatment history included laminectomy at the L3-4 and L4-5, epidural steroid injections, facet injections, and psychological support. The injured worker's chronic pain was managed with multiple medications to include oxycodone and a Lidoderm patch. The injured worker's diagnoses included lumbar postlaminectomy syndrome. Physical findings documented on 01/20/2014 included limited range of motion of the lumbar spine and tenderness to palpation at the lumbosacral junction with a positive Gaenslen's test, Fabere's test, and pelvic compression test. The injured worker's treatment plan included continuation of medications, chiropractic care, and an MRI of the knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LIDODERM 5% (700 MG /PATCH) #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111.

**Decision rationale:** The requested Lidoderm 5% (700 mg per patch) #30 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends the use of Lidoderm patches after the injured worker has failed to respond to oral anticonvulsants. The injured worker's medication treatment history was not provided. Therefore, there is no way to determine that the injured worker has failed to respond to first line oral formulations. Additionally, the clinical documentation submitted for review does not adequately assess the injured worker for pain relief or increase functional capabilities to support continued use of medications. Also, the request itself does not address frequency of treatment. Therefore, the appropriateness of the request itself cannot be determined. As such, the requested Lidoderm 5% (700 mg per patch) #30 is not medically necessary or appropriate.