

<b>Case Number:</b>	CM14-0017332		
<b>Date Assigned:</b>	04/14/2014	<b>Date of Injury:</b>	03/05/2012
<b>Decision Date:</b>	05/30/2014	<b>UR Denial Date:</b>	02/06/2014
<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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 64-year-old female who reported an injury on 03/05/2012, secondary to heavy lifting. The current diagnoses include osteoporosis and path fracture. The injured worker was evaluated on 03/26/2014. The injured worker reported 9/10 pain. The injured worker has completed a course of aquatic therapy. The current medications include Nucynta and Lidoderm. Physical examination revealed paracervical tightness, decreased sensation over the left C5-T1 dermatome, lumbar spine muscle spasm, 5/5 motor strength bilaterally, and decreased sensation in the left lower extremity with positive straight leg raising. The treatment recommendations included continuation of current medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LIDODERM PATCHES:** 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): 111-113.

**Decision rationale:** California MTUS Guidelines state Lidocaine is indicated for neuropathic or localized peripheral pain after there has been evidence of a trial of first-line therapy. There is no

documentation of a failure to respond to a trial of antidepressants and anticonvulsants, as recommended by California MTUS Guidelines. There is also no strength, frequency, or quantity listed in the current request. Therefore, the request is not medically necessary.