

<b>Case Number:</b>	CM14-0126355		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	01/31/2008
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	07/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/08/2014

### 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 Family 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 injured worker is a 68 year old female who sustained an injury on 01/31/08. The injured worker has been followed for ongoing complaints of neck pain to the right with myofascial trigger points. Prior treatment has included physical therapy, injections, and the use of a transcutaneous electrical nerve stimulation (TENS) unit. There were evaluations from 2013; however, no updated clinical reports for this injured worker were available for review. The last report was from September of 2013 which noted ongonig pain and trigger points in the cervical region. The requested medication, Lidoderm was denied on 07/16/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm Patch, qty 60 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine Patch) Page(s): 56-57.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Patches Page(s): 54.

**Decision rationale:** In regards to the use of Lidoderm patches quantity 60 with two refills, this request is not recommended this medication as medically necessary based on the clincial documentatin provdied for review and current evidence based guideline recommendations. There

is a paucity of clinical information to support the most recent request for Lidoderm patches. There is no recent clinical assessment of the injured worker that demonstrates ongoing neuropathic pain that has been improved with this topical medication. As such, this request is not medically necessary.