

<b>Case Number:</b>	CM14-0126387		
<b>Date Assigned:</b>	08/13/2014	<b>Date of Injury:</b>	02/21/1990
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	07/10/2014
<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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 49-year-old female was reportedly injured on February 21, 1990. The most recent progress note, dated June 16, 2014, indicates that there are ongoing complaints of back pain. Current medications include soma, Norco, Anaprox, Lidocaine patches, Lorazepam, and Wellbutrin. No focused physical examination of the lumbar spine was performed. Diagnostic imaging studies of the lumbar spine indicate a disc bulge that abuts the left-sided S1 nerve root and mild foraminal narrowing at L4 - L5. Previous treatment includes pain management and oral medications. A request had been made for Lidoderm patches and was non-certified in the pre-authorization process on July 10, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm Patch 5%, 10 x 14 cm #30 with 5 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56, 57, 112.

**Decision rationale:** The California MTUS Guidelines support the use of topical Lidocaine for individuals with neuropathic pain that have failed treatment with first-line therapy including

antidepressants or anti-epilepsy medications. Based on the clinical documentation provided, the injured employee has not failed these first-line medications. Considering this, the request for Lidoderm patches is not medically necessary.