

<b>Case Number:</b>	CM14-0127825		
<b>Date Assigned:</b>	08/15/2014	<b>Date of Injury:</b>	03/17/2003
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	07/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/11/2014

### 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 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 injured worker is a 43-year-old female who was reportedly injured on 3/17/2013. The mechanism of injury was not listed. The most recent progress note dated 7/11/2014, indicated that there were ongoing complaints of low back pain and bilateral lower extremity pain. The physical examination demonstrated lumbar spine positive for straight leg raise bilaterally. There was positive tenderness to palpation at L4-L5 on the right more than the left. There was also positive tenderness along the midline of the lumbar spine and pain with extension. Straight leg raise was positive 40 on the left with radiating pain in the left lateral thigh. Right straight leg raise was positive 35 with low back pain radiating down the right posterior lateral leg and hip to heel. There was diffuse decreased sensation to the posterior thigh and calf. Diagnostic imaging studies included a magnetic resonance image of the lumbar spine, dated 5/21/2014, which revealed L5-S1 disc degeneration with disc protrusion. Previous treatment included medication, and conservative treatment. A request was made for Lidoderm patches #2 daily with 3 refills and which not certified in the pre-authorization process on 7/17/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm patches, 2 daily with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

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

**Decision rationale:** California Medical Treatment Utilization Schedule 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. Review, of the available medical records, fails to document signs or symptoms consistent with neuropathic pain or a trial of first-line medications. As such, this request is not medically necessary.