

<b>Case Number:</b>	CM14-0132680		
<b>Date Assigned:</b>	08/22/2014	<b>Date of Injury:</b>	04/17/2012
<b>Decision Date:</b>	10/23/2014	<b>UR Denial Date:</b>	07/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2014

### 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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 patient is a 52-year-old woman who sustained a work related injury on April 17, 2012. Subsequently, she developed low back, shoulder, and right posterior hip pain. According to a progress report dated July 29, 2014, the patient reports continued lower back pain with leg pain. Her pain is rated a 5/10. The patient reported having improvement in her lower back pain with the therapy. Her physical examination of the lumbar spine revealed diffuse tenderness with reduced range of motion. MRI of the lumbar spine showed grade 1 degenerative spondylolisthesis at L4-5 with mild to moderate stenosis. The patient was diagnosed with lumbar disc degeneration, lumbosacral sprain and spondylolisthesis. The provider requested authorization for Lidoderm patches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm patches 5% non-generic:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56.

**Decision rationale:** According to MTUS guidelines, Lidoderm is the brand name for a lidocaine patch produced by Endo Pharmaceuticals. Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin). In this case, there is no documentation that the patient developed neuropathic pain that did not respond for first line therapy and the need for Lidoderm patch is unclear. There is no documentation of efficacy of previous use of Lidoderm patch since there is lack of functional improvement. Therefore, the prescription of Lidoderm patch 5% is not medically necessary.