

<b>Case Number:</b>	CM14-0137858		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	03/01/1981
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	08/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2014

### 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, has a subspecialty in Interventional Spine 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 patient is a 54 year old male with an injury date of 03/01/81. Based on 06/24/14 progress report provided, the patient presents with chronic low back pain, He underwent a radiofrequency facet ablation on the right lumbar spine on 05/01/14 with improvement of the symptoms but reports during the last two weeks the pain has exacerbated. It goes to a level of 10/10 and with any prolonged sitting, turning, twisting or heavy lifting. There is limitation of activities of daily living because of the pain. Physical examination shows decreased range of motion, especially right lateral bending at 15 degrees. Pain is on spinous process of L4-5, L5-S1 on the midline and the facets of L4-5, L5-S1 mostly on the right. Straight leg raise, Lasegue's, Patrick and Fabere's tests are negative. Reflexes and motor strength are normal. Patient takes Ibuprofen and Flexeril. Diagnosis dated 06/24/14:- lumbar disc disease L4-5, 2mm disc protrusion with anular tear laterally and L5-S1 degenerative disc disease- lumbar facet arthropathy, L4-5, L5-S1, more on the right.- status post radiofrequency facet ablation on the right lumbar spine on 05/01/14 Provider is requesting One Prescription for Lidoderm patches 5% ( [REDACTED] ) between 07/24/14 - 10/29/14. The utilization review determination being challenged is dated 08/01/14. The rationale is request was not medically necessary based on guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One prescription for Lipoderm patches 5% [REDACTED] between 7/24/2014 and 10/29/2014: 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 creams Page(s): 111.

**Decision rationale:** The patient presents with flare up of low back pain. The request is for One Prescription for Lidoderm patches 5% [REDACTED] between 07/24/14 - 10/29/14. Diagnosis per treater report dated 06/24/14 included lumbar disc disease with disc protrusion, lumbar facet arthropathy, and patient is status post radiofrequency facet ablation. MTUS guidelines page 57 states, "topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or serotonin-norepinephrine reuptake inhibitor (SNRI) anti-depressants or an anti-epileptic drug (AED) such as gabapentin or Lyrica)." MTUS Page 112 also states, "Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain." When reading ODG guidelines, it specifies that lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." This patient does not present with neuropathic pain. The patient has low back pain and possibly facet joint pain. Lidoderm is not indicated for these conditions.