

<b>Case Number:</b>	CM14-0155639		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	05/18/1998
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	09/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2014

### 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 & Rehabilitation and is licensed to practice in Illinois. 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 65-year-old female with a reported date of injury on 05/18/1998. The mechanism of injury was not noted in the records. The diagnoses include lumbar radiculopathy, lumbar degenerative disc disease, and rotator cuff tear. The past treatments included pain medication and physical therapy. There was no diagnostic imaging provided for review. There was no relevant surgical history documented in the records. The subjective complaints on 08/27/2014 included back, leg, and hip pain that was rated 9/10. The physical examination findings noted decreased range of motion to the lumbar spine, tenderness over the right low back, and strength to all bilateral lower extremities is 5/5. The medications included Duloxetine 30 mg a day, Nabumetone 500 mg in the morning and 1000 mg in the evening, Voltaren gel every day on her shoulder, Lidoderm every day on her back, diazepam 5 mg at bedtime, and Norco. The treatment plan was to continue to refill medications. A request was received for Lidoderm every day, Nabumetone 500 mg in the morning and 100 mg in the evening, quantity not stated, and Voltaren gel every day. The rationale was to decrease pain and inflammation. The Request for Authorization Form was dated on 09/02/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm everyday:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine Page(s): 112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112..

**Decision rationale:** The California MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines state that any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The guidelines also state that lidocaine is recommended for localized neuropathic pain after there has been evidence of trial of first line therapy to include tricyclic or SNRI antidepressants or an AED, such as Gabapentin or Lyrica. There is a lack of documentation first line therapy has been tried and failed. There is no documentation of tricyclic or SNRI antidepressant, or an AED such as gabapentin or Lyrica that has been documented tried and failed to justify the use of Lidoderm. Additionally, the request as submitted does not specify if these are for the patches. Furthermore, there is no strength and quantity in this request. Given the above, the request does not meet the evidence based guidelines. As such, the request is not medically necessary.