

<b>Case Number:</b>	CM14-0163181		
<b>Date Assigned:</b>	10/08/2014	<b>Date of Injury:</b>	05/08/1996
<b>Decision Date:</b>	12/12/2014	<b>UR Denial Date:</b>	09/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/03/2014

### 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 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:

This 57 year-old patient sustained an injury on 5/8/1996 from being crushed by a food cart that fell of a delivery truck while employed by [REDACTED]. Request(s) under consideration include Lidoderm 5% patch qty: 1.00. Diagnoses include lumbar degenerative disc disease. The patient was noted to be scheduled for lumbar surgery of bilateral laminectomy, facetectomy, foraminotomy at L4-5, L5-S1 on 12/17/13 for stenosis by the surgical provider with post-surgical PT. Per insurance carrier noted of 12/11/13, surgery had not been certified. Report of 4/23/14 from the provider noted the patient underwent lumbar surgery on 12/17/13; however, still with ongoing low back and leg radicular pain. Exam showed diffuse "tenderness throughout lumbar musculature with mild to moderate spasm; decreased lumbar ROM diffusely in all fields due to pain and spasm." The patient was reported to be P&S and treatment plan included medication refills. Report of 8/27/14 from the provider noted the patient with ongoing increased low back pain. Exam showed tenderness of lumbar musculature. Diagnoses included rotator cuff syndrome; myofascial/ fibromyalgia; degenerative disc disease. Medication refills included Ibuprofen, Norco, and Lidoderm patch. The patient remained not working. The request(s) for Lidoderm 5% patch qty: 1.00 was denied on 9/15/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm 5% patch qty: 1.00:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medications Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Lidoderm (Lidocaine patch), page 751

**Decision rationale:** Chronic symptoms and clinical findings remain unchanged with medication refilled. The patient exhibits diffuse tenderness and pain on the exam to the spine and extremities with radiating symptoms. The chance of any type of topical improving generalized symptoms and functionality significantly with such diffuse pain is very unlikely. Topical Lidoderm is indicated for post-herpetic neuralgia, according to the manufacturer. There is no evidence in any of the medical records that this patient has a neuropathic source for the diffuse pain. Without documentation of clear localized, peripheral pain to support treatment with Lidocaine along with functional benefit from treatment already rendered, medical necessity has not been established. There is no documentation of intolerance to oral medication as the patient is also on other oral analgesics. Lidoderm 5% patch qty: 1.00 is not medically necessary.