

<b>Case Number:</b>	CM14-0169729		
<b>Date Assigned:</b>	10/20/2014	<b>Date of Injury:</b>	03/31/1998
<b>Decision Date:</b>	11/21/2014	<b>UR Denial Date:</b>	09/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2014

### 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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of March 31, 1998. Thus far, the applicant has been treated with the following: Analgesic medications; earlier lumbar spine surgery; opioid therapy; adjuvant medications; and a spinal cord stimulator implantation. In a Utilization Review Report dated September 29, 2014, the claims administrator denied a request for Lidoderm patches. The applicant's attorney subsequently appealed. In a clinical progress note dated October 9, 2014, the applicant reported ongoing complaints of low back pain, 6/10, radiating to the lower extremities. Diminished lower extremity strength was noted. The applicant was asked to obtain a spinal cord stimulator reprogramming on the grounds the spinal cord stimulator was not providing appropriate coverage or analgesia. The applicant also did have CT scan of the lumbar spine. The applicant was given refills of methadone, tramadol, Lidoderm, Valium, and Neurontin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm Patch 5% 2 Patches Daily #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical medications Page(s): 49. Decision based on Non-MTUS Citation Official Disability Guidelines: Lidoderm (Lidocaine patch)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Lidocaine section Page(s): 112.

**Decision rationale:** While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical lidocaine is indicated in the treatment of localized peripheral pain/neuropathic pain in applicants in whom there has been a trial of first line therapy with antidepressants and/or anticonvulsants, in this case, however, the applicant's ongoing usage of gabapentin, an anticonvulsant adjuvant medication, effectively obviates the need for the Lidoderm patches at issue. Therefore, the request is not medically necessary.