

<b>Case Number:</b>	CM14-0173411		
<b>Date Assigned:</b>	10/24/2014	<b>Date of Injury:</b>	07/26/2007
<b>Decision Date:</b>	12/03/2014	<b>UR Denial Date:</b>	10/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2014

### 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 Anesthesiology 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 patient is a 58-year-old female with an unknown date of injury. The patients' diagnoses include chronic neck, arm and low back pain. The patient rates the pain as a 6 on a scale of 1 to 10. The patient received conservative treatment, which included physical therapy, chiropractic treatment and acupuncture. Lidoderm patches were prescribed for pain relief and functional gain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm Patches:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 111-112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm, Topical analgesics Page(s): 56, 111-112.

**Decision rationale:** MTUS Guidelines assert that topical analgesics such as the Lidoderm Patch are "Largely experimental in use with few randomized controlled trials to determine efficacy or safety." In addition, according to MTUS Guidelines, lidocaine is indicated for neuropathic pain and is not recommended for non-neuropathic pain. This patient has no documented evidence of neuropathic pain. Therefore, the above listed issue is not medically necessary.