

<b>Case Number:</b>	CM14-0174994		
<b>Date Assigned:</b>	10/28/2014	<b>Date of Injury:</b>	10/17/2005
<b>Decision Date:</b>	12/04/2014	<b>UR Denial Date:</b>	10/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2014

### 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 Internal Medicine and is licensed to practice in Pennsylvania. 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 68-year-old gentleman with a date of injury of 10/17/2005. An office visit note by [REDACTED] dated 06/19/2014 identified the mechanism of injury as lifting heavy equipment when he suddenly felt pain in his lower back. Office visit notes by [REDACTED] ( [REDACTED] ) dated 05/20/2014 and 08/27/2014, the above office visit note by [REDACTED], and an office visit note by [REDACTED] dated 09/25/2014 indicated the worker was experiencing lower back spasm and stiffness and lower back pain that was worse on the right side compared with the left and that went down the back of the worker's thigh. Documented examinations consistently described slow and stooped walking, mild to moderate pain, moderate tenderness in the lower back muscles, decreased motion in the lower back joints, and decreased reflexes in both legs. The submitted and reviewed documentation concluded the worker was suffering from chronic pain syndrome, post-laminectomy syndrome involving the lower back, lumbosacral spondylosis without myelopathy, degenerative lower back disk(s), and other medical problems unrelated to the worker's pain issues. Treatment recommendations included oral pain medication, topical lidocaine patch to the surgical scar on the worker's back, acupuncture, physical therapy, yoga, and follow up care. A Utilization Review decision by [REDACTED] was rendered on 10/13/2014 recommending non-certification for thirty lidocaine 5% patches with one refill.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm Patch 5% #30 with 1 Refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments, Lidocaine, and Topical Analgesics Page(s): 56-57 and 112.

**Decision rationale:** The MTUS Guidelines recommend topical lidocaine for the treatment of localized peripheral pain if the worker has failed first line treatments. Topical lidocaine is not recommended for chronic neuropathic pain due to a lack of benefit demonstrated by the literature. First line treatments include tricyclic antidepressant, serotonin-norepinephrine reuptake inhibitor, and anti-epileptic (gabapentin or pregabalin) medications. The submitted and reviewed documentation concluded the worker was suffering from chronic pain syndrome, post-laminectomy syndrome involving the lower back, lumbosacral spondylosis without myelopathy, degenerative lower back disk(s), and other medical problems unrelated to the worker's pain issues. There was no documentation of failed first line treatment. There was no report of special circumstances supporting the use of topical lidocaine for the workers on-going lower back pain. In the absence of such evidence, the current request for thirty lidocaine 5% patches with one refill is not medically necessary.