

<b>Case Number:</b>	CM14-0185795		
<b>Date Assigned:</b>	11/13/2014	<b>Date of Injury:</b>	08/21/2010
<b>Decision Date:</b>	12/30/2014	<b>UR Denial Date:</b>	10/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/07/2014

### 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 Neurology, has a subspecialty in neuromuscular Medicine and is licensed to practice in New Jersey. 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 patient is a 47-year-old man who sustained a work-related injury on August 21, 2010. Subsequently, the patient developed chronic back pain. The patient has a history of lumbar fracture, lumbar disc protrusion and myelopathy. The patient MRI of the lumbar spine dated on March 10, 2011 demonstrated the L1 vertebral body compression fracture. According to a progress report dated on June 11, 2014 and October 29, 2014, the patient was complaining of chronic back pain radiating to both lower extremities. The patient physical examination demonstrated lumbar tenderness with reduced range of motion and positive straight leg raising. The patient was treated with acupuncture physical therapy and pain medications including Norco, Lidoderm patch, Voltaren gel, Cymbalta and Relfan epidural steroid injection. The patient was diagnosed with lumbar radiculopathy and chronic lumbar pain. The provider requested authorization for Lidoderm patch.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm 5% patch:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56-57.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56.

**Decision rationale:** According to MTUS guidelines, <<Lidoderm is the brand name for a lidocaine patch produced by [REDACTED]. Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin>>. In this case, there is no documentation that the patient developed neuropathic pain that did not respond to first line therapy and the need for Lidoderm patch is unclear. Therefore, the request for LIDODERM 5% PATCHES #60 WITH THREE (3) REFILLS is not medically necessary.