

<b>Case Number:</b>	CM14-0023317		
<b>Date Assigned:</b>	02/26/2014	<b>Date of Injury:</b>	09/22/2010
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	02/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2014

### 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, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 is a 54-year-old male with a 9/22/10 date of injury after tripping while stepping out of a tub. He sustained injuries to the right hip, right back and right leg. He was seen on 12/20/13 for ongoing right low back and bilateral lower extremity pain with associated burning and numbness. Exam findings revealed right foot drop and right ankle weakness, as well as hyperesthesia dysesthesia in the feet and posterior right leg. He is on Anaprox and Tylenol #3. An epidural and Lidoderm patches were requested. His diagnosis is degenerative disc disease, foraminal narrowing, and arthropathy. A 12/26/12 MRI of the lumbar spine showed spondylosis, foraminal narrowing and scoliosis. A 12/30/13 electromyography (EMG) of the lower extremities showed denervation in the right S1 myotome. Treatment to date includes medication management, physical therapy, LESI, sacroiliac (SI) intracapsular joint injection, acupuncture, and chiropractic treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PRESCRIPTION OF LIDODERM (NAME BRAND) PATCHES 5%, #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines LIDODERM (LIDOCAINE PATCH) Page(s): 56-57.

**Decision rationale:** The CA MTUS states that 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 anti-epileptic drug such as gabapentin or Lyrica). The ODG states that Lidoderm is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points. The documentation states this patient has been on Naproxen and Tylenol #3 for pain. There is no indication of any attempts at a first line therapy. Therefore, the request as submitted was not medically necessary.