

<b>Case Number:</b>	CM14-0027822		
<b>Date Assigned:</b>	06/16/2014	<b>Date of Injury:</b>	12/15/2004
<b>Decision Date:</b>	07/16/2014	<b>UR Denial Date:</b>	02/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/05/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 63 year old female who sustained an injury on 12/15/04 when she slipped and fell injuring her neck low back hips and buttock and right shoulder and right upper extremity. The injured worker was followed for degenerative disc disease in the neck and low back. The injured worker had prior right hip surgical procedure including total hip replacement in March of 2013. Other treatment included physical therapy and multiple medications. The injured worker was followed by [REDACTED] for ongoing complaints of low back pain radiating to the right lower extremity. Medications included Norco for pain and gabapentin 300mg three times daily and clonazepam. Physical examination noted surgical site tenderness at the right hip with no pain on right hip range of motion. No neurological deficits were present in the lower extremities. Follow up on 01/14/14 noted ongoing complaints of low back pain radiating to the right hip and knee. The injured worker completed two recent sessions of physical therapy. On physical examination there was limited range of motion in the cervical spine. No neurological findings were noted on physical examination including motor weakness sensory deficits or reflex changes. The injured worker had difficulty performing heel and toe walking. There was medial joint line tenderness at the right knee with positive McMurray signs. No range of motion restrictions were noted in the right knee. Further MRIs of the cervical spine were recommended in February of 2014. The requested Lidoderm or lidocaine patches 5% #30 were denied by utilization review on 02/11/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

### **30 LIDOCAINE PADS 5%: Upheld**

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

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

**Decision rationale:** Lidocaine patches are considered an option in the treatment of ongoing neuropathic pain that failed first line medications such as antidepressants or anticonvulsants. In the clinical records the injured worker previously utilized Gabapentin. The response to Gabapentin was not specifically documented. Physical examination findings were not clearly indicative of ongoing neuropathic condition. The most recent clinical records for this injured worker did not provide a specific rationale for the use of Lidocaine patches for the injured worker. Given the limited given the insufficient objective findings regarding ongoing neuropathic condition that had failed first line medication such as anticonvulsants or antidepressants, the request is not medically necessary and appropriate.