

<b>Case Number:</b>	CM14-0029813		
<b>Date Assigned:</b>	06/16/2014	<b>Date of Injury:</b>	02/14/2011
<b>Decision Date:</b>	07/21/2014	<b>UR Denial Date:</b>	02/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2014

### 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 Occupational Medicine, 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic neck, back, bilateral ankle, and bilateral heel pain reportedly associated with an industrial injury of February 14, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; topical agents; muscle relaxants; and reported return to regular work as of April 9, 2013. In a Utilization Review Report of February 14, 2014, the claims administrator denied a request for topical Lidoderm patches, stating that the applicant did not have neuropathic pain for which Lidoderm was indicated. Overall rationale was sparse and did not incorporate the cited guidelines. The applicant's attorney subsequently appealed. In a medical-legal evaluation of April 9, 2013, the applicant was apparently given a 46% whole person impairment rating. It was stated, somewhat incongruously, the applicant was nevertheless working full time, full duty, without any limitations or restrictions. The applicant was described as having symptoms including neck pain, mid back pain, low back pain, hand pain, wrist pain, foot pain, and ankle pain. The applicant was given a variety of diagnoses, including sacroiliitis, calcaneal stress fracture, thoracic sprain, insomnia, wrist sprain, ankle sprain, shoulder impingement syndrome, disk protrusion to the lumbar spine, cervicogenic headaches, and cervical disk protrusions. Other than the medical legal evaluation, no other clinical progress notes from the treating provider's were incorporated into the Independent Medical Review packet.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LIDODERM PATCH #45:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Lidocaine Page(s): 112.

**Decision rationale:** As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical lidocaine or Lidoderm is indicated in the treatment of localized peripheral pain or neuropathic pain in applicants in whom there has been a trial of first-line therapy with antidepressants and/or anticonvulsants. In this case, however, no evidence was furnished to the fact that the applicant had tried and/or failed first-line antidepressants and/or anticonvulsants before topical Lidoderm patches were considered. It is noted, however, that little in the way of clinical information was provided and that the sole note provided was a medical-legal report as opposed to a clinical progress note. Therefore, the request is not medically necessary owing to lack of supporting information.