

<b>Case Number:</b>	CM14-0039294		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	09/18/1997
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	03/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2014

### 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 low back pain reportedly associated with an industrial injury of September 18, 1997. 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; earlier carpal tunnel release surgery; trigger finger release surgery; multiple shoulder surgeries; various interventional spine surgeries; and extensive periods of time off of work. In a Utilization Review Report dated March 26, 2014, the claims administrator denied a request for topical Lidoderm patches. The applicant's attorney subsequently appealed. In a May 24, 2014 progress note, it was acknowledged that the applicant had multifocal low back, leg, and hip pain. The applicant was not working, it was acknowledged. The applicant was described as permanently partially disabled. The applicant was using Celebrex, Lidoderm, Xanax, Tenormin, triamterene-hydrochlorothiazide, baclofen, Levoxyl, Lexapro, Protonix, Mobic, and Lipitor, it was acknowledged. The applicant was given diagnoses of sacroiliitis, internal derangement of the knee, low back pain, and lumbosacral neuritis. Selective nerve root blocks were sought. The applicant's permanent work restrictions were renewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LIDODERM 5% #60 WITH 3 REFILLS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical Lidoderm is indicated in the treatment of localized peripheral pain or neuropathic pain in applicants in whom there has been a trial of first-time therapy with antidepressants and/or anticonvulsants. In this case, however, there is no evidence of the applicant's has failed anticonvulsant adjuvant medications and/or antidepressant adjuvant medications before Lidoderm patches were considered. No rationale for selection and/or ongoing usage of Lidoderm was proffered by the attending provider. It is further noted that the applicant has already received and has used Lidoderm patches for a protracted amount of time, despite the MTUS recommendation and has, furthermore, failed to derive any lasting benefit or functional improvement as defined in MTUS through the same. The applicant remains off of work. Permanent work restrictions remain in place, unchanged, from visit to visit. The applicant remains highly reliant and highly dependent on various forms of medical treatment, including interventional spine procedures such as sacroiliac joint injections, muscle relaxants such as baclofen, etc. All of the above, taken together, imply that ongoing usage of Lidoderm patches has not been altogether successful. Therefore, the request is not medically necessary.