

<b>Case Number:</b>	CM14-0041438		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	06/27/1996
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	03/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/08/2014

### 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 patient is a 55 year old male who was injured on 06/27/1996. Progress report dated 03/04/2014 states the patient presented for with a chief complaint of low back pain and bilateral lower extremity radicular pain. He rated his pain with medications as a 5/10 and without medications a 10/10. The patient is noted to have utilized Lidocaine 5% patches. On exam, gait is antalgic. He has pain and difficulty from standing and sitting. The lumbar spine revealed decreased range of motion for flexion and extension. There is paraspinal muscle tenderness with spasm. Range of motion is normal for major joints. It is noted that the patient does have an opiate agreement documented in the chart. Diagnoses are lumbar degenerative disk disease, lumbar radiculopathy, lumbosacral spondylosis; myalgia and myositis; and lumbar postlaminectomy. The patient has been recommended for Lidocaine 5% adhesive patch, medicate SIG: apply 1-2 patch to skin once a day Quantity 60. Prior utilization review dated 03/13/2014 states the request for 1 Lidocaine Patch 5% Quantity 60 for lumbar spine pain, as an outpatient is denied as medical necessity is not established.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Lidocaine Patch 5% #60 for lumbar spine pain, as an outpatient: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Page(s): 39.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-3.

**Decision rationale:** According to MTUS guidelines, topical Lidocaine patches may be recommended for localized, peripheral neuropathic pain after a failed trial of oral medications. However, in this case history, examination and diagnostics do not establish localized, peripheral neuropathic pain. There is no documentation of a failed trial of first-line oral medications. Medical necessity is not established.