

<b>Case Number:</b>	CM14-0043124		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	11/16/1994
<b>Decision Date:</b>	08/19/2014	<b>UR Denial Date:</b>	04/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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:

This is a male patient with the date of injury of November 16, 1994. A Utilization Review was performed on April 1, 2014 and recommended non-certification of Lidoderm Patches #30. A Progress Report dated February 25, 2014 identifies Subjective Complaints of neck and low back complaints, which he rates at 8-9/10. He notes bilateral upper extremity numbness and tingling to the hands as well as bilateral lower extremity numbness, tingling, and pain to the feet. He does state that the medications do decrease his pain and denies any side effects. Objective Findings identify gait is antalgic. Palpation of the cervical and lumbar spine reveals bilateral paraspinal tenderness. Range of motion of the cervical and lumbar spine is decreased throughout. Diagnoses identify chronic pain syndrome and cervical and lumbar radiculopathy. Treatment Plan identifies Lidoderm patches #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm patches #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 112.

**Decision rationale:** Regarding request for topical Lidoderm, the MTUS Chronic Pain Guidelines recommend the use of topical lidocaine for localized peripheral pain after there has been evidence of a trial of the 1st line therapy such as tri-cyclic antidepressants, SNRIs, or antiepileptic drugs. Within the documentation available for review, there is no indication that the patient has failed first-line therapy recommendations. In the absence of such documentation, the currently requested Lidoderm is not medically necessary.