

<b>Case Number:</b>	CM14-0044522		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	10/18/2010
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	03/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/11/2014

### 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 and myofascial pain syndrome reportedly associated with an industrial injury of October 18, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; topical agents; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated March 28, 2014, the claims administrator denied a request for Methoderm and concurrently denied a request for Lidoderm patches. The applicant's attorney subsequently appealed. In a March 14, 2014 progress note, the applicant reported persistent complaints of low back pain, 4-6/10, radiating to the left leg. Methoderm gel, Tramadol, and Lidoderm patches were endorsed. A rather permissive 40-pound lifting limitation was also suggested, although it was not readily apparent whether or not the applicant was, in fact, working. The applicant did state that his pain worsened with performance of activities of daily living. In a September 15, 2013 psychiatric medical-legal evaluation, the applicant presented with issues associated with depression, anxiety, and sexual dysfunction. The applicant stated that he was in dire financial straits. It was acknowledged that the applicant had "not returned to open workplace in any capacity." The applicant had a variety of familial burdens associated with his son, it was stated. In an earlier note dated December 27, 2013, the applicant presented with progressively worsening pain. The applicant presented to obtain medication refills. The applicant was asked to continue Tramadol, Lidoderm, physical therapy, and work restrictions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Menthoderm gel 120 mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111/113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals topic Page(s): 105, 7.

**Decision rationale:** While page 105 of the MTUS Chronic Pain Medical Treatment Guidelines does recommend topical salicylates such as Mentoderm in the treatment of chronic pain, as is present here, this recommendation is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, the applicant is off of work. The applicant has a 40-poudbn lifting limitation, which seemingly remains in place, unchanged, from visit to visit. Ongoing usage of Mentoderm has failed to curtail the applicant's dependence on opioid agents such as tramadol. The attending provider has not outlined any tangible decrements in pain or material improvements in function achieved as a result of ongoing Mentoderm usage. If anything, the attending provider continues to report that the applicant is having difficulty performing various activities of daily living, despite medication consumption. The applicant, thus, does not appear to have affected any lasting benefit or functional improvement as defined in MTUS 9792.20f despite ongoing usage of the same. Therefore, the request is not medically necessary.

**Lidoderm patches 5% # 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 57.

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

**Decision rationale:** While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does support usage of topical lidocaine/Lidoderm in the treatment of localized peripheral pain/neuropathic pain in applicants who have had a trial of first-line antidepressants and/or anticonvulsants, in this case, however, there is no clear evidence that the applicant has tried and/or failed anticonvulsant adjuvant medications and/or antidepressant adjuvant medications before consideration was given to the Lidoderm patches at issue. Therefore, the request is not medically necessary.