

<b>Case Number:</b>	CM14-0046597		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	08/25/2004
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	04/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2014

### 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 and is licensed to practice in Texas and Ohio. 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 injured worker is a 69-year-old male who reported an injury on 08/25/2004. The mechanism of injury was not provided. Prior treatments were not provided. The injured worker's medications were noted to include Darvocet, Topamax, and Ranitidine. Prior therapies, surgical history, and diagnostic history were not provided. The documentation of 03/11/2014 revealed the injured worker was utilizing Lidoderm patches at 1 per day and they were helpful for controlling pain. The objective findings revealed a blood pressure of 138/78, pulse oximetry of 96, and a pulse of 64. The diagnoses included gastroesophageal reflux disease/dyspepsia, diet controlled, chronic low back pain with right lower extremity radiculopathy, hypertension, dyslipidemia, depression/anxiety, erectile dysfunction, and hyperhomocystinemia. The treatment plan included Lidoderm patches 1 patch per day #30, Lyrica 50 mg per day as needed #30, Lisinopril 50 mg every morning #30, hydrochlorothiazide 25 mg 1 tablet every morning, Levothyroxine 25 mcg 1 tablet daily, Meloxicam 7.5 mg 1 tablet daily, and an automatic arm blood pressure monitor cuff 9 inches/13 inches circumference.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One prescription for Lidoderm patches 5%, #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm  
Page(s): 56-57.

**Decision rationale:** The California MTUS Guidelines recommend Lidoderm for localized peripheral pain after there has been evidence of a trial and failure of first-line therapy. This is noted not to be a first-line treatment and is only FDA-approved for postherpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. The clinical documentation submitted for review indicated the injured worker was utilizing Lyrica. As such, there was a lack of documentation of a trial and failure of first-line therapy. The duration of use could not be established through supplied documentation. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for 1 prescription for Lidoderm patches 5% #30 is not medically necessary.