

<b>Case Number:</b>	CM14-0054756		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	09/05/2008
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	04/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2014

### 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 47-year-old male who has submitted a claim for status post (s/p) microdiscectomy at L3-4 with postoperative quadricep weakness, improving, associated with an industrial injury date of September 5, 2008. Medical records from 2013 through 2014 were reviewed. The latest progress report, dated 03/12/2014, showed continuous mild subjective weakness of the right quadriceps, but he was back working his usual and customary job. Physical examination revealed +1 lumbar paraspinal muscle spasm with tenderness noted. Deep tendon reflexes were equal and symmetric at the ankles. There was loss of right knee reflex. There was no muscle weakness, but sensation was decreased to light touch and pinprick in the L4 dermatome on the right. Treatment to date has included L3-4 laminectomy and discectomy, physical therapy and medications such as Lidoderm patch since January 2014. Utilization review from 04/19/2014 denied the request for the purchase of Lidoderm patches 5% box for the lumbar spine every 12 hours as needed because there was no evidence that the patient was having any significant pain. In addition, there was no evidence that the patient has post-herpetic neuralgia. Lastly, there was no evidence that the patient has recent trials of tri-cyclic or serotonin and norepinephrine reuptake inhibitor (SNRI) anti-depressants or an antiepileptic drug (AED) such as Gabapentin or Lyrica.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm patches 5% box for the lumbar spine:** 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 Lidocaine Patch Page(s): 56-57.

**Decision rationale:** According to pages 56-57 of CA MTUS Chronic Pain Medical Treatment Guidelines, Lidoderm is the brand name for Lidocaine patch. Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica). In this case, record showed earliest evidence of Lidoderm patch usage since January 2014. However, the recent progress report, dated 03/12/2014, revealed no pain symptoms, but mild weakness of the right quadriceps. Furthermore, there was no documentation of trial and failure of first-line therapy. The medical necessity was not established. Therefore, the request for Lidoderm patches 5% box for the lumbar spine is not medically necessary.