

<b>Case Number:</b>	CM14-0062987		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	07/05/2013
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	05/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/06/2014

### 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:

According to the provided documents, this is a 53-year-old man injured in 7/5/13 this happened with a fall. He complained of upper back and chest wall pain. The disputed treatment being addressed is for Lidoderm 5% patches to patches every 12 hours #60 with one refill for the thoracic spine. This was discussed in utilization review determination letter of 5/1/14. There is a Doctors 1st Report of Injury of 3/10/14 indicates patient had fallen and landed on his back. He is complaining of right chest and upper back pain. Examination showed tenderness in the right chest wall and tenderness over the right thoracic spine. Diagnosis was thoracic sprain/strain; costal sprain/strain. Treatment included the Lidoderm, Lyrica 75 mg b.i.d., Tylenol 325 mg 2 tablets every 6 hours and return for follow-up in 2 months. There are other medical for reports provided prior to this this that document treatment from a chiropractor that does not appear to include any active medication use. There is a 12/27/13 report that indicates a once a month consult with an M.D. for possible medications. A 2/10/14 report indicates that the patient was changing PTP to that M.D. The 3/10/14 report noted above was authored by the referenced M.D. Therefore, there is no evidence in the documentation this patient had had any type of medication prescribed for this injury prior to the requesting report of 3/10/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LIDODERM (LIDOCAINE PATCH 5%) X 30:** 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 Topical Analgesics Page(s): 111-112.

**Decision rationale:** Lidoderm patches are a patch that is affixed to the skin that contains topical lidocaine which is an anesthetic. It is indicated for neuropathic pain, specifically recommended by guidelines for localized peripheral pain after there has been evidence of a trial of first-line therapy such as an antidepressant or an antiepileptic medication. The documentation is that the patient was starting an antiepileptic medication Lyrica at the same time the lidoderm was being prescribed. Therefore there has not been a failure of a trial of that medication yet. Equally problematic is that the complaints are related to the chest wall/thorax and it is not clear that there is neuropathic pain present. If so it is not peripheral i.e. in the extremities. Therefore, based upon the evidence and the guidelines, this is not considered to be medically necessary.