

<b>Case Number:</b>	CM14-0066194		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	12/08/2012
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	05/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/09/2014

### 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 Nevada. 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 records, presented for review, indicate that this 31-year-old individual was reportedly injured on 12/8/2012. The mechanism of injury was not listed. The most recent progress note, dated 5/12/2014, indicated that there were ongoing complaints of low back pain that radiated into the right lower extremity. The physical examination demonstrated lumbar spine positive spasm and tenderness along the right side. Sciatic notch tenderness was noted over the left side. Straight leg raise 35 caused radiating pain into the right lower extremity. Limited range of motion was noted of the lumbar spine. No recent diagnostic studies are available for review. Previous treatment included medications and conservative treatment. A request had been made for Lidoderm patches 5% #30 and was not certified in the pre-authorization process on 5/1/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prospective Lidoderm Patches 5% #30:** Upheld

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

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

**Decision rationale:** MTUS guidelines support the use of topical lidocaine for individuals with neuropathic pain that have failed treatment with first-line therapy including antidepressants or anti-epileptic medications. Review, of the available medical records, fails to document signs or symptoms consistent with neuropathic pain or a trial of first-line medications. As such, this request is not medically necessary.