

<b>Case Number:</b>	CM14-0067862		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	01/13/2003
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	05/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2014

### 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 Anesthesiology, has a subspecialty in Pain 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 injured worker is a 54 year old female injured on 01/13/03 as a result of fall from transporter landing on right side of low back with gradual worsening of pain over time. Diagnoses included lumbar radiculopathy, post-lumbar laminectomy syndrome, and low back pain. Clinical note dated 04/30/14 indicated the injured worker complaining of increased low back pain and right lower extremity pain with associated dizziness and headache. The injured worker rated back pain 8/10 with pain medications. Physical examination noted antalgic gait, decreased range of motion in the lumbar spine, tenderness and tight muscle band bilaterally, positive Gaenslen's, positive straight leg raise on the right, ankle jerk 2/4 bilaterally, motor strength 5/5 bilaterally, and sensation intact to bilateral lower extremities. Medications included lidoderm 5% patch, tramadol hcl 50mg, zanaflex 2mg and neurontin 100mg. The injured worker applied Lidoderm patches for topical analgesia at night as it relaxed the low back muscles the injured worker could sleep more comfortably. The initial request for Lidoderm 5% patch #30 with two refills was non-certified on 05/01/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm 5% Patch #30 with 2 refills:** Upheld

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

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

**Decision rationale:** As noted on page 56 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Lidoderm is recommended for a trial if there is evidence of localized pain that is consistent with a neuropathic etiology. There should be evidence of a trial of first-line neuropathy medications (tri-cyclic or serotoni norepinephrine reuptake inhibitor anti-depressants or an antiepileptic drugs such as gabapentin or Lyrica). Lidoderm is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points. Therefore Lidoderm 5% Patch #30 with 2 refills cannot be recommended as medically necessary as it does not meet established and accepted medical guidelines.