

<b>Case Number:</b>	CM14-0071318		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	01/20/2010
<b>Decision Date:</b>	09/12/2014	<b>UR Denial Date:</b>	04/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/16/2014

### 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 applicant is an [REDACTED] employee who has filed a claim for chronic shoulder pain, trigeminal neuralgia, and major depressive disorder reportedly associated with an industrial injury of January 28, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; cervical epidural steroid injection therapy; and unspecified amounts of physical therapy over the life of the claim. In a Utilization Review Report dated April 25, 2014, the claims administrator denied a request for Lidoderm patches. The applicant's attorney subsequently appealed. On July 18, 2013, the applicant was described as having ongoing complaints of depression, anxiety, poor memory, poor social function, and worry about the future. The applicant's work status was not clearly furnished. In a handwritten note dated January 6, 2012, several topical compounded medications were endorsed. On September 7, 2012, the applicant was given prescriptions for Vicodin, Dulcolax through a prescription form which employed preprinted checkboxes as opposed to furnishing much in the way of narrative commentary. On July 10, 2014, a variety of topical compounds were endorsed for the applicant's ongoing complaints of low back pain, 8-10/10. The applicant was, however, given prescriptions for oral tramadol and Neurontin. The applicant was placed off of work, on total temporary disability, however. In an earlier note dated December 3, 2013, the applicant was again given prescriptions for oral tramadol and Neurontin along with several topical compounds and was again placed off of work, on total temporary disability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm patch 4%:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine patch).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Lidocaine section Page(s): 112.

**Decision rationale:** As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical Lidocaine is indicated in the treatment of localized peripheral pain or neuropathic pain in applicants in whom there has been a trial of first-line therapy with antidepressants and/or anticonvulsants. In this case, however, the applicant's ongoing usage of gabapentin, an anticonvulsant adjuvant medication, effectively obviates the need for the Lidoderm patches at issue. Therefore, the request for Lidoderm patch 4% is not medically necessary and appropriate.