

<b>Case Number:</b>	CM14-0080619		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	08/05/1997
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	05/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2014

### 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 & 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 62 year-old individual was reportedly injured on 8/5/1997. The mechanism of injury is not listed. The most recent progress note, dated 5/16/2014 Indicates that there are ongoing complaints of, low back pain that radiates to the left lower extremity. The physical examination demonstrated lumbar spine: limited range of motion with pain, mild left-sided weakness 4/5, straight leg raise on the left that causes back pain that radiates the left lower extremity. There are no recent diagnostic studies are available for review. Previous treatment includes medications, and conservative treatment. A request had been made for Lidoderm patch 5% #30 with 4 refills, and was not medically necessary on 5/28/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm patch 5%, #40 with 4 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 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-epilepsy medications. Based on the clinical documentation provided, there were no documents stating failure of first-line therapy. As such, the request is considered not medically necessary.