

<b>Case Number:</b>	CM14-0090567		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	11/03/2008
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	05/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma. 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 43-year-old male who reported an injury on 11/03/2008. The mechanism of injury was not provided. On 06/19/2014 the injured worker presented with chronic low back pain. Upon examination of the lumbar spine there was pain and tenderness across the iliac crest into the lumbosacral spine. There was intact sensation and radicular pattern involving the lateral thigh, anterior lateral leg and mid dorsal foot. Examination of the left shoulder noted tenderness at the left shoulder anteriorly with pain with terminal range of motion. There is no clinical evidence of instability. Examination of the right elbow revealed tenderness above the elbow at the medial epicondyle and painful full range of motion. Diagnoses were left shoulder impingement syndrome, status post right medial epicondylar release with ulnar nerve transposition on 10/02/09, lumbar discopathy with radiculitis, electrodiagnostic evidence of right L5 radiculopathy. A current medication list was not provided. The provider recommended 1 topical Lidocaine patch. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Topical Lidocaine Patch: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm  
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**Decision rationale:** The request for 1 Topical Lidocaine Patch is not medically necessary. The California MTUS state that Lidoderm is not a first line treatment and it is only FDA approved for post herpetic neuralgia. It may be recommended for localized peripheral pain after there has been evidence of a trial of a first line therapy tricyclic or SNRI antidepressant or an anti-epilepsy drug such as Gabapentin or Lyrica. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post herpetic neuralgia. The injured worker does not have a diagnosis concurrent with the guideline recommendation for topical Lidocaine patch. Additionally, a complete and adequate pain assessment was not included in the medical documents for review. The efficacy of the prior treatment of topical Lidocaine was not provided. In the provider's request does not indicate the quantity, dose or frequency of the medication in the request as submitted. As such, medical necessity has not been established.