

<b>Case Number:</b>	CM14-0090672		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	09/01/1988
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	05/27/2014
<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 & Rehabilitation and is licensed to practice in Illinois. 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 48-year-old male who reported injury on 09/01/1988. Prior therapies included physical therapy, intramuscular (IM) injections, an epidural steroid injection, and medications. The injured worker underwent an MRI of the lumbar spine on 03/11/2011. The injured worker underwent an Electromyography (EMG) of the bilateral lower extremities. The request was made for an MRI of the lumbar spine and EMG/ Nerve Conduction Velocity (NCV). The documentation of 04/14/2014 revealed the injured worker had continued low back pain. The injured worker had positive tenderness to palpation in the lumbar spine and spasms. The injured worker had decreased sensation in the right lower extremity. Diagnosis was lumbago. The treatment plan included a topical lidocaine patch in lieu of oral medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Topical lidocaine patch:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 56, 57.

**Decision rationale:** The California MTUS Guidelines indicate that topical lidocaine patches in the form of Lidoderm may be recommended for localized peripheral pain after there has been evidence of a trial and failure of first line therapy. The clinical documentation submitted for review failed to indicate the injured worker had a trial and failure of first line therapy. There was a lack of documentation indicating a necessity for a patch versus oral form. It was documented that the injured worker should have topical lidocaine patches in lieu of oral medications. However, the rationale was not provided. The request as submitted failed to indicate the specific name of the patch, as it is only recommended lidocaine patches are noted to be Lidoderm patches. The frequency, strength and quantity of the medication were not provided. Given the above, the request for topical lidocaine patch is not medically necessary.