

<b>Case Number:</b>	CM13-0047941		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	03/31/1998
<b>Decision Date:</b>	12/10/2015	<b>UR Denial Date:</b>	10/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2013

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Pennsylvania, California, Connecticut Certification(s)/Specialty:  
Orthopedic Surgery, Hand Surgery

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 67-year-old male claimant is being treated for low back pain following a date of injury of 03/31/98 and 5% Lidoderm has been requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm 5%, #90 with 2 refill:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** A prescription of 5% Lidoderm #90 with one refill would not be considered medically appropriate in this case based upon the California MTUS Chronic Pain Guidelines. Lidoderm is the brand name for Lidocaine patch produced by Endo pharmaceuticals. Topical Lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first line therapy with a Tricyclic antidepressant or a medication such as Gabapentin. CA MTUS Chronic Pain Guidelines state that this is not a first line treatment and is only FDA approved for postherpetic neuralgia. As this is not a case of postherpetic neuroglia, Lidoderm patches cannot be supported based upon the California MTUS Chronic Pain Guidelines.