

<b>Case Number:</b>	CM14-0177753		
<b>Date Assigned:</b>	10/31/2014	<b>Date of Injury:</b>	06/06/1996
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	10/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2014

### 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. 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: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 a represented 54-year-old [REDACTED] beneficiary who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of June 6, 1996. In a utilization review report dated October 7, 2014, the claims administrator failed to approve a request for Lidoderm patches while concurrently approving request for Lyrica and Nucynta. The claims administrator referenced a September 25, 2014 RFA form and associated progress note of September 12, 2014 in its determination. The applicant's attorney subsequently appealed. In a progress note dated September 12, 2014, the applicant was described as using Lyrica, Lidoderm, Nucynta, and Voltaren Gel for ongoing complaints of neck and low back pain. The applicant was status post spinal cord stimulator and intrathecal pain pump implantation. Moderate-to-severe low back pain was appreciated. The applicant's work status was not furnished, although it did not appear that the applicant was working.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm 5% patches, #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine  
Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Ef.

**Decision rationale:** 1.No, the request for Lidoderm patches was not medically necessary, medically appropriate, or indicated here. While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical lidocaine is indicated in the treatment of localized peripheral pain/neuropathic pain in applicants in whom there has been a trial of first-line therapy of antidepressants and/or anticonvulsants, in this case, however, the applicant's ongoing usage of Lyrica and an oral anticonvulsant adjuvant medication effectively obviated the need for the Lidoderm patches at issue. Therefore, the request was not medically necessary.