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| <b>Case Number:</b>   | CM14-0188423 |                              |            |
| <b>Date Assigned:</b> | 11/19/2014   | <b>Date of Injury:</b>       | 09/26/2006 |
| <b>Decision Date:</b> | 01/08/2015   | <b>UR Denial Date:</b>       | 10/27/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/12/2014 |

### 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 Occupational Medicine and is licensed to practice in California. 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:

This is a 48-year-old female with a 9/26/06 date of injury. The patient was seen on 10/7/14 with complaints of neck stiffness, aching muscles, throbbing pain of the back and right knee, and sharp right ankle pain. There was numbness, throbbing, and tingling of the hands and shoulder. Exam findings revealed tenderness and painful range of motion of the cervical and lumbar spine, and tenderness of the left ankle and right knee. The diagnosis is depression with anxiety, psoriasis, internal derangement of the left ankle and foot, cervical spine radiculopathy, and status post arthroscopic surgery of the right knee. Treatment to date: work restrictions, transcutaneous electrical nerve stimulation (TENS), physical therapy, medications and psychotherapy. An adverse determination was received on 10/27/14 for a lack of documentation of localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm Patches #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Lidoderm

**Decision rationale:** California MTUS states that topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Official Disability Guidelines (ODG) states that Lidoderm is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger point. However, there is a lack of documentation indicating that the patient tried and failed first-line oral therapy for localized peripheral pain. In addition, there is no rationale with regards to the necessity for a Lidoderm patch for the patient. Lastly, the area of application was not specified. Therefore, the request for Lidoderm Patches #30 was not medically necessary.