

<b>Case Number:</b>	CM14-0191196		
<b>Date Assigned:</b>	11/25/2014	<b>Date of Injury:</b>	04/08/2005
<b>Decision Date:</b>	01/20/2015	<b>UR Denial Date:</b>	10/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 patient is a 55-year-old male who has submitted a claim for shoulder sprain and strain, lower leg joint pain, and lumbago associated with an industrial injury date of April 8, 2005. Medical records from 2014 were reviewed. The patient complained of knee pain rated 6-7/10 in severity. He also reported low back pain aggravated by prolonged sitting and standing. He likewise had left-sided neck pain rated 8.5/10. He continued to stay more active by walking for 8 to 10 minutes approximately 3 to 4 times a day. Physical examination showed antalgic gait, limited lumbar motion, tenderness over paralumbar muscles, positive straight leg raise test bilaterally, tender right knee, and no effusion. Treatment to date has included Lidocaine patch (since June 2014), Sertraline, Zolpidem, Celebrex, Duloxetine, Cyclobenzaprine, Tramadol and Ambien. The utilization review from October 29, 2014 denied the request for Lidocaine 5% pads because of no specific diagnosis of superficial neuropathic pain to warrant this medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Prescription for Lidocaine 5% pads: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine Patch Page(s): 56-57.

**Decision rationale:** Pages 56 to 57 of CA MTUS Chronic Pain Medical Treatment Guidelines state 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). In this case, the patient's clinical manifestations are not consistent with neuropathy to warrant a Lidocaine patch. Moreover, the patient is prescribed Lidocaine patch since June 2014 without evidence of pain relief and functional improvement from medication use. The request as submitted also failed to specify quantity to be dispensed. Therefore, the request for Lidocaine 5% pads is not medically necessary.