

<b>Case Number:</b>	CM14-0199992		
<b>Date Assigned:</b>	12/10/2014	<b>Date of Injury:</b>	12/28/2004
<b>Decision Date:</b>	01/27/2015	<b>UR Denial Date:</b>	11/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2014

### 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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 51-year-old man who sustained a work-related injury on December 28, 2004. Subsequently, the patient developed low back and right leg pain. According to the progress report dated November 15, 2014, the patient complained of low back pain that he rated as a 7/10 with medications. The patient reported flare up after driving and spasms with home exercising. Physical examination revealed bilateral tenderness and spasms of the L3-5 paraspinal muscles but much more in right lower back. Motor examinations was +5 and equal to the lower extremities. There was decreased range of motion of the lumbar spine. Extension was at 0 degrees, flexion was at 20 degrees, bilateral lateral bending was at 0 degrees, and rotation was at 10 degrees. Faber test was positive. There was decreased sensation to pin-prick along the right lateral leg. The patient was diagnosed with lumbar radiculopathy and lumbar degenerative disc disease. The provider requested authorization for Lidoderm patches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 prescription of Lidoderm patches #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch).

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

**Decision rationale:** According to MTUS guidelines, Lidoderm is the brand name for a 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 (Tri-cyclic or SNRI anti-depressants or an AED such as gabapentin). In this case, there is no documentation that the patient developed neuropathic pain that did not respond to first line therapy and the need for Lidoderm patch is unclear. There is no documentation of efficacy of previous use of Lidoderm patch. Therefore, the prescription of Lidoderm patches #30 is not medically necessary.