

<b>Case Number:</b>	CM14-0200498		
<b>Date Assigned:</b>	12/10/2014	<b>Date of Injury:</b>	05/01/2011
<b>Decision Date:</b>	01/28/2015	<b>UR Denial Date:</b>	11/25/2014
<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 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain, fibromyalgia, and myalgias and myositis of various body parts reportedly associated with an industrial injury of May 1, 2011. In a utilization review report dated November 21, 2014, the claims administrator failed to approve a request for Lidoderm patches. The claims administrator did allude to the applicant's using a variety of other medications in its determination, including Ultracet, Voltaren Gel, Butrans, and omeprazole. The claims administrator cited an RFA form of November 18, 2014 and a progress note of November 13, 2014 in its determination. The applicant's attorney subsequently appealed. In said November 13, 2014 progress note, the applicant reported ongoing complaints of low back, hip, and shoulder pain, reportedly attributed to fibromyalgia. The applicant had reportedly completed a functional restoration program. The applicant remained anxious. The applicant was off work, on total temporary disability, it was acknowledged, despite having completed said functional restoration program. The applicant's medication list included Lidoderm, Prilosec, Ultracet, and Ambien. The applicant was status post left hip surgery and shoulder surgery at unspecified points of time. The applicant was overweight, with a BMI of 34. Multiple medications were refilled, including Lidoderm and Ultracet. Orthotics were endorsed to try to ameliorate the applicant's leg-length discrepancy. In an earlier note dated September 18, 2014, the applicant reported persistent complaints of low back and left lower extremity pain. The applicant would have completed a functional restoration program as of this point in time, it was acknowledged. The applicant's medication list included Butrans, Lidoderm, Prilosec, Ultracet, Voltaren, and Ambien, it was stated. The applicant was placed off work, on total temporary disability, while Ultracet, Lidoderm, and psychotherapy were continued.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm 5 % patch # 60 with 2 refills:** Upheld

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

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

**Decision rationale:** While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical Lidoderm is indicated in the treatment of localized peripheral pain/neuropathic pain in applicants in whom there has been a trial of first-line therapy with antidepressants and/or anticonvulsants, in this case, however, there has been no clearly stated trial and/or failure of first-line antidepressants and/or anticonvulsants before introduction, selection, and/or ongoing usage of the Lidoderm patches at issue. It is further noted that the applicant has already received the Lidoderm patches at issue on several prior occasions, despite the seemingly unfavorable MTUS position on the same in the clinical context present here. The applicant has, however, failed to demonstrate any lasting benefit or functional improvement through prior usage of Lidoderm patches. The applicant remains off work, on total temporary disability. The applicant remains dependent on opioid agents such as Ultracet. The attending provider has failed to outline any meaningful improvements in function achieved as a result of ongoing Lidoderm patch usage. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20(f), despite ongoing usage of the Lidoderm patches at issue. Therefore, the request was not medically necessary.