

<b>Case Number:</b>	CM14-0204719		
<b>Date Assigned:</b>	12/17/2014	<b>Date of Injury:</b>	09/06/2002
<b>Decision Date:</b>	02/06/2015	<b>UR Denial Date:</b>	11/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/08/2014

### 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 Family Practice 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 injured worker is a 63 year- old female who was injured on 9/6/02. She complained of neck pain radiating to the arm, bilateral shoulder pain, and low back pain radiating to the legs. On exam, she had tenderness of bilateral trapezius and rotator cuff tendons, and decreased range of motion of the cervical spine. An MRI of cervical spine showed cervical spondylosis, foraminal narrowing, and foraminal stenosis with a C5-6 protrusion, spur complex and right foraminal stenosis. A CT of lumbar spine showed lumbar disc disease and spondylolisthesis with lateral recess stenosis. She was diagnosed with chronic cervical degenerative disc disease with cervical spondylosis and bilateral upper extremity radicular symptoms, chronic lumbar degenerative disc disease, and bilateral shoulder tendonitis. Her treatment includes anti-inflammatory drugs, Norco, analgesics, physical therapy and corticosteroid injections. She underwent L4-5 decompression and fusion in 2008. The current request is for Lidoderm patch which was denied by utilization review on 11/6/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm 5 Percent Patch Qty 30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm, topical analgesics Page(s): 56-57; 111-112.

**Decision rationale:** The request is not medically necessary. According to MTUS guidelines, Lidoderm is not first line treatment and is only FDA approved for post-herpetic neuralgia. More research is needed to recommend it for chronic neuropathic pain other than post-herpetic neuralgia. However, the patient does even not have documented neuropathic exam findings or diagnosis. Therefore, the request is considered medically unnecessary.