

<b>Case Number:</b>	CM14-0204839		
<b>Date Assigned:</b>	12/17/2014	<b>Date of Injury:</b>	08/18/2009
<b>Decision Date:</b>	02/06/2015	<b>UR Denial Date:</b>	12/01/2014
<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 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 59-year-old woman who sustained a work-related injury on August 18, 2009. Subsequently, she developed chronic low back pain. According to a progress report dated October 17, 2014, the patient complained of constant low back pain that was characterized as sharp. There was radiation of pain into the lower extremities. The patient's pain was worsening. She rated the level of her pain as a 7/10. Examination of the lumbar spine revealed palpable paravertebral muscle tenderness with spasm. Seated nerve root test was positive. Standing flexion and extension were guarded and restricted. There was tingling and numbness in the lateral thigh, anterolateral leg and foot, and posterior leg and lateral foot, which correlates with an L5-S1 dermatomal pattern. There was 4/5 strength in the EHL and ankle plantar flexors, L5 and S1 innervated muscles. The patient was diagnosed with status post L5-S1 lumbar arthrodesis with L4-5 junctional level pathology/radiculitis, right greater than left and chronic bilateral L5 radiculopathy. The provider requested authorization for Lidocaine/Hyaluronic (patch) 6%.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidocaine/Hyaluronic (patch) 6%, 0.2% cream #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 56-57.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

**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. There is no documentation of efficacy of previous use of Lidocaine patch. Therefore, the prescription of Lidocaine/Hyaluronic (patch) 6% is not medically necessary.