

<b>Case Number:</b>	CM14-0205268		
<b>Date Assigned:</b>	12/17/2014	<b>Date of Injury:</b>	01/02/2014
<b>Decision Date:</b>	02/06/2015	<b>UR Denial Date:</b>	11/17/2014
<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 Anesthesiology, has a subspecialty in Pain 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 injured worker is a 32-year-old female who reported an injury of unspecified mechanism on 01/02/2014. On 10/24/2014, her diagnoses included lumbar sprain/strain and lower back pain. It was noted that her lower back pain "comes and goes" and she had right hip pain. Her lumbar spine was tender to palpation. Her treatment plan was to take her medication as needed and that her medication relieved her pain by 70%. There was no rationale included in this injured worker's chart. A Request for Authorization dated 10/24/2014 was included.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm Patch 5% 12 on/off #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** The request for Decision for Lidoderm Patch 5% 12 on/off #30 is not medically necessary. The California MTUS Guidelines note that topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The only form of FDA approved topical application of lidocaine is the 5% dermal patch

for neuropathic pain. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. There is no indication that this injured worker had a diagnosis of postherpetic neuralgia. Additionally, the body part to have been treated was not specified in the request. Furthermore, the directions are unclear in the request as written. Therefore, this request for decision for Lidoderm Patch 5% 12 on/off #30 is not medically necessary.