

<b>Case Number:</b>	CM14-0206051		
<b>Date Assigned:</b>	12/18/2014	<b>Date of Injury:</b>	07/21/2014
<b>Decision Date:</b>	02/12/2015	<b>UR Denial Date:</b>	12/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2014

### 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 Physical Medicine Rehab 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 patient is a 59 year old male with date of injury 7/21/14 that occurred while helping to lift a metal frame weighing approximately 800 pounds. The treating physician report dated 11/24/14 (74) indicates that the patient presents with pain affecting the lumbar spine with bilateral lower extremity weakness and paresthesia. The physical examination findings reveal decreased lumbar flexion to 15 degrees and extension to 5 degrees. There is tenderness affecting the lumbar spine with weakness of the extensor hallucis longus bilaterally. Prior treatment history includes physical therapy and medication management. The current diagnosis is Degeneration of lumbar IVD. The utilization review report dated 12/9/14 (12) denied the request for Lidoderm 5% patches #30 3 refills based on the MTUS guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm 5% patches #30 patches with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine patch) Page(s): 56-57; 111-113.

**Decision rationale:** The patient presents with chronic lumbar spine pain with bilateral lower extremity weakness and paresthesia. The current request is for Lidoderm 5% patches #30

patches with 3 refills. The treating physician states, "Refill provided for Lidoderm patches. Apply to intact skin, covering the most painful area." The MTUS guidelines page 57 states, "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 or Lyrica)." The MTUS guidelines state that Lidoderm patches may be recommended for neuropathic pain when trials of antidepressants and anti-convulsants have failed. MTUS also states on page 60 that, "A record of pain and function with the medication should be recorded." In this case, there is no documentation of localized peripheral pain, there is no documentation of a failed trial of first line therapy and there is no documentation that previous usage of this medication provided any reduction of pain or functional improvement. The current request for Lidoderm 5% patches is not medically necessary.