

<b>Case Number:</b>	CM14-0210943		
<b>Date Assigned:</b>	12/23/2014	<b>Date of Injury:</b>	12/05/2008
<b>Decision Date:</b>	02/12/2015	<b>UR Denial Date:</b>	11/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2014

### 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 Emergency 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:

Patient with reported date of injury on 12/5/2008. Mechanism of injury is a fall from a ladder. Patient has a diagnosis of lumbar radiculopathy, brachial neuritis/radiculitis, chronic pain syndrome and anxiety. Medical reports reviewed. Last report available until 11/3/14. Patient has continued low back pain with no improvement. Objective exam reveals cervical spine with tenderness and spasms. Range of motion is restricted. Positive Spurling's on L side. Lumbar spine has diffuse tenderness and spasms. Range of motion is restricted. Reduced sensation to L5 dermatome. Straight leg raise is positive bilaterally. MRI of lumbar spine(8/9/14) revealed 3mm disc bulge at L4-5 and L5-S1. Mild central and proximal L foraminal narrowing. MRI of lumbar spine and bilateral lower extremities(10/14/14) was negative for radiculopathy or peripheral neuropathy and was basically normal. Medication list include Norco, Ketoprofen, Lidoderm, Amrix, Oxycondone and Tramadol. Independent Medical Review is for Lidoderm 5% patch #60 with 2refills. Prior Utilization Review on 11/24/14 recommended non-certification.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm 5% patch, (700mg/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 Lidoderm (Lidocaine patch) Page(s): 56-57.

**Decision rationale:** As per MTUS chronic pain guidelines, Lidoderm is only approved for peripheral neuropathic pain, specifically post-herpetic neuralgia. There is poor evidence to support its use in other neuropathic pain conditions such as such as spinal pain. The patient has a recent EMG/NCV that does not support neuropathy. The patient has no improvement in pain despite use of this medication. Lidoderm is not medically necessary.