

<b>Case Number:</b>	CM14-0211853		
<b>Date Assigned:</b>	12/24/2014	<b>Date of Injury:</b>	07/23/2014
<b>Decision Date:</b>	02/17/2015	<b>UR Denial Date:</b>	11/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2014

### 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 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:

35 yr. old male claimant sustained a work injury on 7.23.14 involving the low back and knee. He was diagnosed with lumbar radiculopathy, ankle strain and internal derangement of the knee. His symptoms were treated with Naproxen and Orphenadrine. A progress note on 10/30/14 indicated the claimant had been undergoing physical therapy but continued to have knee and shoulder pain. Exam findings were notable for tenderness in the left shoulder with a positive impingement sign, spasms in the paraspinal lumbar region, a positive straight leg raise test, tenderness in the left anterior knee and decreased sensation in the L5 dermatome. The claimant was continued on the above medication along with topical Lidoderm 5% patch for pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm 5% QTY: 30 patches:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

**Decision rationale:** According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized

controlled trials to determine efficacy or safety and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica). Lidoderm has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. In this case, the injured worker did not have the above diagnoses and specific anatomic location was not identified. As such, this request for Lidoderm is not medically necessary.