

<b>Case Number:</b>	CM14-0214027		
<b>Date Assigned:</b>	12/31/2014	<b>Date of Injury:</b>	11/16/2011
<b>Decision Date:</b>	03/03/2015	<b>UR Denial Date:</b>	11/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a patient with a date of injury of November 16, 2011. A utilization review determination dated November 26, 2014 recommends noncertification of Lidoderm patch. Noncertification is recommended due to lack of documentation of failure of first-line options for the treatment of neuropathic pain. A progress report dated November 3, 2014 identifies subjective complaints of low back pain, right hip pain, and leg pain. The patient has been using Lidoderm patches which have provided moderate relief. She does not want to use tramadol due to the adverse side effects of that medication as well as needing to care for her granddaughter and wishing to avoid having altered mental status. Physical examination findings reveal decreased lumbar range of motion with tenderness to palpation in the lumbar spine. Diagnoses include musculoligamentous sprain/strain, lumbosacral instability, lumbar radiculopathy, and gait derangement. The treatment plan recommends Lidoderm patches and consideration for chiropractic care and physiotherapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm patch 5% #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 112.

**Decision rationale:** Regarding request for topical lidoderm, Chronic Pain Medical Treatment Guidelines recommend the use of topical lidocaine for localized peripheral pain after there has been evidence of a trial of the 1st line therapy such as tri-cyclic antidepressants, SNRIs, or antiepileptic drugs. Within the documentation available for review, there is no indication that the patient has failed first-line therapy recommendations. Additionally, there is no documentation of objective functional improvement as a result of the currently prescribed lidoderm. Finally, there is no documentation of localized peripheral pain as recommended by guidelines. As such, the currently requested lidoderm is not medically necessary.