

<b>Case Number:</b>	CM14-0217936		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	10/17/2006
<b>Decision Date:</b>	04/08/2015	<b>UR Denial Date:</b>	12/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/29/2014

### 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: New Jersey, New York  
 Certification(s)/Specialty: Family Practice

### 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 following clinical case summary was developed based on a review of the case file, including all medical records: The injured worker is a 60 year old female who sustained an industrial injury on 10/17/06. She reports back pain. Diagnoses include arthropathy of lumbar facet joint, degeneration of lumbar intervertebral disc, myositis, chronic pain due to injury, depressive disorder, and low back pain. Treatments to date include medications. In a progress note dated 12/01/14 the treating provider recommends continued treatment with Gralise, ibuprofen, and Lidoderm patches. On 12/18/14 Utilization review non-certified the Lidoderm patches, citing MTUS guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm 5% patch quantity 60 with 4 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): (s) 15, 70, 112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Health and Anxiety, www.rxlist.com.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm, topical analgesics Page(s): 56-57, 111-112.

**Decision rationale:** The request is not medically necessary. According to MTUS guidelines, Lidoderm is not first line treatment and is only FDA approved for post-herpetic neuralgia. More research is needed to recommend it for chronic neuropathic pain other than post-herpetic neuralgia. However, the patient does even not have documented neuropathic exam findings or diagnosis. Therefore, the request is considered medically unnecessary.