

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM14-0040531 |                              |            |
| <b>Date Assigned:</b> | 04/09/2014   | <b>Date of Injury:</b>       | 06/02/1997 |
| <b>Decision Date:</b> | 05/01/2015   | <b>UR Denial Date:</b>       | 01/07/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/14/2014 |

### 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:

The injured worker is a 54 year old male, who sustained an industrial injury on June 2, 1997. He reported injury to the neck, bilateral shoulders and left knee. The injured worker was diagnosed as having chronic neck pain with cervical radiculopathy, postoperative status multiple surgical procedures, bilateral carpal tunnel syndrome, chronic medial epicondylitis of right dominant elbow, chronic flexor tendonitis of both wrists posttraumatic and posttraumatic conversion of medial degenerative arthritis of left knee rule out internal derangement. Treatment to date has included diagnostic studies, surgery and medications. On February 6, 2015, the injured worker complained of low back pain. He is experiencing back stiffness and radicular pain and weakness in the bilateral legs. His back pain is located in the lumbar area, thoracic area and upper back. His condition worsens with back extension, back flexion, hip extension, hip flexion and hip rotation. The back pain is described as aching, burning, stabbing, tearing and throbbing. He rated the pain as a 3-4 on a 1-10 pain scale. The treatment plan included medication, a repeat RF procedure for the cervical spine and an evaluation for considerations of disk annular tear.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 MEDICATION REVIEW FOR LIDODERM PATCHES 5% ER #60, AS AN OUTPATIENT FOR LOW BACK PAIN: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Lidocaine 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 first line therapy such as tricyclic antidepressants, SNRIs, or antiepileptic drugs. Within the documentation available for review, the patient is currently taking Nortriptyline without documented failure of first-line therapy. Additionally, there is no documentation of analgesic effect or objective functional improvement as a result of the currently prescribed Lidoderm patches. As such, the currently requested Lidoderm is not medically necessary.