

<b>Case Number:</b>	CM15-0001870		
<b>Date Assigned:</b>	01/12/2015	<b>Date of Injury:</b>	11/18/2013
<b>Decision Date:</b>	04/21/2015	<b>UR Denial Date:</b>	12/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/05/2015

### 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, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

### 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 (IW) is a 44 year old male, who sustained an industrial injury on 11/18/2013. He reported low back pain with right leg numbness and tingling, and erectile dysfunction. The injured worker was diagnosed as having lumbar sprain/strain with right lower extremity radiculopathy and erectile dysfunction. Treatment to date has included lumbosacral epidural steroid injections (05/01/2014 and 08/21/2014) for lumbosacral disc herniation (found on MRI) and lumbar radicular syndrome. The worker has also had physical therapy to the lower back. Injections and physical therapy alleviated his symptoms. Oral and topical pain medications have also been prescribed. Currently, the injured worker complains of lumbosacral pain, radicular symptoms and erectile dysfunction. The treatment recommendations include Lidocaine patches, Capsaicin Gel, an interferential unit for home use, referral to a pain management specialist, referral to a urologist, an Initial Functional Capacity Evaluation, and a MRI of the lumbar spine with an EMG-NCV of the lower extremities. Lidocaine patches #30 is under review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidocaine patches #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 56-57.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56.

**Decision rationale:** According to MTUS guidelines, "Lidoderm is the brand name for a lidocaine patch produced by [REDACTED]. Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin". In this case, there is no documentation that the patient developed neuropathic pain that did not respond to first line therapy and the need for Lidocaine patch is unclear. There is no documentation of efficacy of previous use of Lidocaine patch. Therefore, the prescription of Lidocaine patches #30 is not medically necessary.