

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM15-0007494 |                              |            |
| <b>Date Assigned:</b> | 01/23/2015   | <b>Date of Injury:</b>       | 12/13/2013 |
| <b>Decision Date:</b> | 03/24/2015   | <b>UR Denial Date:</b>       | 01/05/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/13/2015 |

### 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: California, Washington

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 55-year-old female who reported an injury on 12/13/2013. The mechanism of injury was not provided. Her diagnoses include displacement of thoracic or lumbar intervertebral disc without myelopathy, lumbosacral spondylosis without myelopathy, lumbar sprain, lumbar disc pathology, and lumbar radiculopathy. Past treatment was noted to include Advil and physical therapy as well as activity modification. On 11/26/2014, it was noted the injured worker had complaints of low back pain that intermittently radiated to the left foot. She rated her pain 4/10 to 7/10. Upon physical examination, it was noted the injured worker had decreased range of motion to the lumbar spine. Medications were noted to include Advil. The treatment plan was noted to include Advil, Lidoderm patch, home exercise, and an epidural steroid injection. A request was received for Lidoderm 5% patch #30 without a rationale.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm 5% patch #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 Topical Analgesics Page(s): 111-112.

**Decision rationale:** According to the California MTUS Guidelines, topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines also indicate that Lidoderm patches are only indicated for postherpetic neuralgia. The clinical documentation submitted for review did not indicate the injured worker failed antidepressants and anticonvulsants. Additionally, it was not noted that the injured worker had postherpetic neuralgia. Consequently, the request is not supported by the evidence based guidelines. Additionally, the request does not specify a duration, frequency, and body region this is to be applied to. As such, the request for Lidoderm 5% patch #30 is not medically necessary.