

<b>Case Number:</b>	CM15-0008042		
<b>Date Assigned:</b>	03/09/2015	<b>Date of Injury:</b>	03/04/2013
<b>Decision Date:</b>	04/13/2015	<b>UR Denial Date:</b>	12/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/14/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 60-year-old [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of March 4, 2013. In a Utilization Review Report dated December 24, 2014, the claims administrator failed to approve a request for lidocaine pad. A prescription form dated December 18, 2014 was referenced in the determination. Rationale was sparse. On August 29, 2014, the applicant reported ongoing complaints of neck and low back pain. The applicant's medications included Mobic, Pepcid, Synthroid, and Crestor. The applicant reported ongoing issues with carpal tunnel syndrome. The applicant was apparently working, despite ongoing pain complaints. On October 1, 2014, a multilevel cervical fusion surgery was endorsed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidocaine pad 5%, 30 day supply, Qty: 30, no refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine  
 Page(s): 112.

**Decision rationale:** No, the request for topical Lidoderm patches/pads was not medically necessary, medically appropriate, or indicated here. While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical lidocaine patch/patches are indicated in the treatment of localized peripheral pain/neuropathic pain in applicants in whom there has been a trial of first-line therapy with antidepressants and/or anticonvulsants, in this case, however, there was/is no evidence or mention of first-line antidepressant adjuvant medications and/or anticonvulsant adjuvant medication failure prior to selection, introduction, and/or ongoing usage of the lidocaine pads at issue. Therefore, the request was not medically necessary.