

<b>Case Number:</b>	CM15-0009441		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	08/11/2000
<b>Decision Date:</b>	03/17/2015	<b>UR Denial Date:</b>	01/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/16/2015

### 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 is a 67 year old male who sustained a work related injury August 1, 2000. Past history includes thoracic facet rhizotomy at bilateral T7-9 May 2014, s/p anterior cervical discectomy and fusion C5-6 and C6-7. According to a primary treating physician's progress report dated December 30, 2014, the injured worker presented for follow-up with mid back pain that has steadily worsened over the past few weeks. He is taking between 3-4 Norco a day. Physical examination of the thoracic spine reveals moderate tenderness to palpation in the upper mid-thoracic spine at about the level of T7. The pain radiates around the chest wall in the mid-sternal region from the thoracic spine. Examination of the cervical spine shows pain to palpation along the cervical musculature especially at the suboccipital region and upper trapezius and mid scapular area. There is limited range of motion with flexion to about three fingerbreadths from the sternum and extension limited to about 10 degrees. He has decreased sensation along the lateral arms and forearms bilaterally. Assessment documented as thoracic spine sprain/strain syndrome, thoracic disc bulge, most significant at T7-8, cervicogenic headaches, xerostomia, secondary to opiate use, and medication induced gastritis. Work status is documented as may return to work with lifting no greater than 10 pounds and no repetitive bending or stooping. He is working from home. According to utilization review dated January 15, 2015, the request for Lidoderm 5% #30 is non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm 5 Percent #30:** Upheld

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

**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 Lidoderm patch is unclear. There is no documentation of efficacy of previous use of Lidoderm patch. Therefore, the prescription of Lidoderm patches #30 is not medically necessary.