

<b>Case Number:</b>	CM15-0101827		
<b>Date Assigned:</b>	06/04/2015	<b>Date of Injury:</b>	06/28/2010
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	05/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2015

### 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 46-year-old who has filed a claim for chronic low back pain (LBP) with derivative complaints of depression and anxiety reportedly associated with an industrial injury of June 20, 2010. In a Utilization Review report dated May 1, 2015, the claims administrator failed to approve requests for topical Lidoderm patches. The claims administrator referenced a RFA form received on April 24, 2015 and associated progress note of April 22, 2015 in its determination. The applicant's attorney subsequently appealed. In a RFA form dated April 22, 2015, Norco, Prilosec, Lidoderm patches, and a capsaicin containing cream were endorsed. In an associated progress note of the same date, April 22, 2015, the applicant reported ongoing complaints of low back pain radiating into the bilateral legs with derivative complaints of depression, anxiety, and insomnia. The applicant was using a cane to move about. The attending provider stated that the applicant's pain medications were effective in attenuating his pain complaints but did not elaborate further. The applicant was given refills of Norco, Prilosec, Lidoderm, and capsaicin, it was reported. Permanent work restrictions were renewed. It did not appear that the applicant was working with said limitations in place, although this was not explicitly stated. There was no mention of the applicant's prior usage of antidepressant adjuvant medications and/or anticonvulsant adjuvant medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm patch 0.5% patch #30, refills x 2: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Criteria for use of Lidoderm patches.

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

**Decision rationale:** No, the request for topical Lidoderm patches 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 is indicated in the treatment of localized peripheral pain or neuropathic pain in applicants in whom there has been a trial of first-line therapy with antidepressants and/or anticonvulsants, here, however, there was no mention of the applicant's having previously tried and/or failed antidepressants adjuvant medications and/or anticonvulsant adjuvant medications prior to introduction, selection, and/or ongoing usage of the Lidoderm patches at issue. Therefore, the request was not medically necessary.