

<b>Case Number:</b>	CM15-0106098		
<b>Date Assigned:</b>	06/10/2015	<b>Date of Injury:</b>	05/02/1996
<b>Decision Date:</b>	07/15/2015	<b>UR Denial Date:</b>	05/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management, 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 injured worker is a 65 year old male, who sustained an industrial injury on 5/2/1996. The mechanism of injury is unknown. The injured worker was diagnosed as having lumbar post-laminectomy syndrome. There is no record of a recent diagnostic study. Treatment to date has included surgery, physical therapy and medication management. In a progress note dated 5/22/2015, the injured worker complains of chronic low back pain. Documentation states the Lidoderm patches provide adequate pain relief and preservation of functional capacity. Physical examination showed tender lumbar area. The treating physician is requesting Lidoderm patches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm patches:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

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

**Decision rationale:** MTUS 2009 states that Lidoderm patches are indicated for post-herpetic neuralgia. The patient is not diagnosed with neuropathic pain but reports pain relief from application of the Lidoderm patches. The patient continues to be provided Tramadol and lorazepam for his pain. The use of Lidoderm patches to treat low back pain does not adhere to MTUS 2009 since it is only indicated for post-herpetic neuralgia. Its use has not reduced the patient's pain significantly since he continues to be provided Tramadol and Lorazepam. The use of Lidoderm patches in this case is not medically necessary.