

<b>Case Number:</b>	CM15-0109662		
<b>Date Assigned:</b>	06/16/2015	<b>Date of Injury:</b>	12/07/2000
<b>Decision Date:</b>	07/15/2015	<b>UR Denial Date:</b>	05/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/08/2015

### 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: Massachusetts

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 66-year-old male, who sustained an industrial injury on 12/7/2000. The current diagnoses are post-lumbar laminectomy syndrome, lumbar radiculitis, and sacroiliac sprain/strain. According to the progress report dated 5/15/2015, the injured worker complains of constant low back pain with frequent radiation down his bilateral legs to the level of his heels with associated pins and needles and numbness. The pain is described as deep burning, aching, and stabbing. The level of pain is not rated. Per notes, he had an acute myocardial infarction; all medications were discontinued, per cardiologist. The physical examination of the lumbar spine reveals mild swelling, restricted range of motion, and tenderness to palpation over the paraspinal muscles with tight muscle band noted on both sides, tenderness over L4 and L5 spinous processes, left-sided piriformis muscle tenderness, and left-sided sacroiliac joint tenderness. The current medications are Lidocaine patch, anti-cholesterol (name unknown), and anti-hypertensive (name unknown). Treatment to date has included medication management, x-rays, and surgical intervention. The plan of care includes prescription for Lidoderm patch.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm patch #30 with 2 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Lidoderm (lidocaine patch) (2) Topical Analgesics, Page(s): 56-57, 111-113.

**Decision rationale:** The claimant has a remote history of a work injury occurring in December 2000 and is being treated for low back pain. When seen, he was having pain frequently radiating into the lower extremities. There was decreased lumbar spine range of motion with tenderness and muscle spasms. There was mild swelling. He had left sacroiliac joint and piriformis muscle tenderness. There was a wide based gait. He had recently had a myocardial infarction and all of his oral medications had been discontinued. In terms of topical treatments, topical lidocaine in a formulation that does not involve a dermal-patch system could be recommended for localized peripheral pain. Lidoderm is not a first-line treatment and is only FDA approved for postherpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. In this case, other topical treatments could be considered. Therefore, Lidoderm was not medically necessary.