

<b>Case Number:</b>	CM15-0135306		
<b>Date Assigned:</b>	07/23/2015	<b>Date of Injury:</b>	06/03/2012
<b>Decision Date:</b>	08/19/2015	<b>UR Denial Date:</b>	06/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/13/2015

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 38 year old female, who sustained an industrial injury on June 3, 2012. The injured worker reported trip and fall injuring her back. The injured worker was diagnosed as having low back pain, thoracic degenerative disc disease (DDD) and lumbar facet syndrome. Treatment to date has included magnetic resonance imaging (MRI), sacroiliac joint injection, surgery, therapy and medication. A progress note dated June 5, 2015 provides the injured worker complains of back pain. She rates her pain 7/10 with medication and 9/10 without medication. Physical exam notes thoracic tenderness with decreased range of motion (ROM), severe scoliosis and healed surgical scar. There is painful decreased lumbar range of motion (ROM) with scoliosis, tenderness on palpation, trigger points and positive straight leg raise. There is bilateral hip tenderness over the sacroiliac joints. The plan includes oral and topical medication, home exercise program (HEP), epidural steroid injection and follow-up.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm 5% patch (700mg/patch), apply to affected area daily, #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111.

**Decision rationale:** This 38 year old female has complained of low back pain since date of injury 6/3/12. She has been treated with injections, surgery, physical therapy and medications. The current request is for Lidoderm patch 5%. Per the MTUS guidelines cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, the Lidoderm patch is not medically necessary.