

<b>Case Number:</b>	CM15-0137867		
<b>Date Assigned:</b>	07/27/2015	<b>Date of Injury:</b>	05/11/2007
<b>Decision Date:</b>	09/02/2015	<b>UR Denial Date:</b>	07/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2015

### 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: 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 [REDACTED] beneficiary who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of May 11, 2007. In a Utilization Review report dated July 1, 2015, the claims administrator failed to approve a request for topical lidocaine patches. The claims administrator referenced an RFA form received on June 18, 2015 in its determination. The applicant's attorney subsequently appealed. In a June 29, 2015 RFA form, Lidoderm patches, Lyrica, and Motrin were endorsed. In an associated progress note of the same date, June 29, 2015, the applicant reported multifocal complaints of low back, shoulder, and upper arm pain. TENS unit electrodes, Lidoderm patches, Motrin, and Lyrica were prescribed. The applicant was given a 20 pound lifting limitation. The applicant was no longer working as her employer was unable to accommodate said limitation, it was acknowledged.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidocaine pad 5% number thirty (#30) (thirty (30) day supply): Upheld**

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

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

**Decision rationale:** No, the request for topical lidocaine 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 anti-depressants and/or anti-convulsants, here, however, the applicant's concomitant usage of Lyrica, an anti-convulsant adjuvant medication, effectively obviated the need for the Lidoderm patches at issue. Therefore, the request was not medically necessary.