

<b>Case Number:</b>	CM15-0142724		
<b>Date Assigned:</b>	08/03/2015	<b>Date of Injury:</b>	09/14/1995
<b>Decision Date:</b>	09/01/2015	<b>UR Denial Date:</b>	07/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2015

### 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: 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 injured worker is a 62 year old female, who sustained an industrial injury on September 14, 1995. Treatment to date has included work restrictions, vocational rehabilitation, and diagnostic imaging. Currently, the injured worker complains of pain in her neck, mid-back and low back. She reports that her pain increases with repetition of activity and her medication regimen reduces her pain level. She is able to do light walking with the use of her pain medications. She rates her pain a 7 on a 10-point scale with medications. Her current medications include morphine sulfate IR, and gabapentin. The injured worker reports that she is unable to cook, do laundry, garden, shop, bathe, and dress. She said she is unable to manage her medications and drive. She notes that she needs assistance. On physical examination, the injured worker ambulates with the assistance of a walker. She has decreased range of motion of the cervical spine and the lumbar spine. She exhibits tenderness to palpation over the lumbar spine and facet joints. The diagnoses associated with the request include lumbago, cervicgia, and myofascial pain syndrome. The treatment plan includes continued Lidoderm patches, Zanaflex, morphine sulfate IR, and vocational rehabilitation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm patches 2 topical daily for 90 days #180: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine patch) Page(s): 56-57.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine Patch) Section Page(s): 56, 57.

**Decision rationale:** Lidoderm is a lidocaine patch providing topical lidocaine. The MTUS Guidelines recommend the use of topical lidocaine primarily for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no clear evidence in the clinical reports that this injured worker has neuropathic pain that has failed treatment with trials of antidepressants and anticonvulsants. This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Additionally, In this case, there is no documentation of post-herpetic neuralgia in the injured worker. The request for Lidoderm patches 2 topical daily for 90 days #180 is determined to not be medically necessary.