

<b>Case Number:</b>	CM15-0146085		
<b>Date Assigned:</b>	08/06/2015	<b>Date of Injury:</b>	11/18/2010
<b>Decision Date:</b>	09/03/2015	<b>UR Denial Date:</b>	07/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/27/2015

### 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:

This 35 year old man sustained an industrial injury on 11-18-2010. The mechanism of injury is not detailed. Diagnoses include chronic lumbar back pain with facet mediated pain (improved), occasional left leg radiculopathy, insomnia, obesity, and onychomycosis of the feet. Treatment has included oral and topical medications, sacroiliac injection, radiofrequency neurotomy, epidural steroid injection, H-wave unit for home use, and facet injections. Physician notes on a PR-2 dated 6-13-12015 show complaints of low back pain. Recommendations include Ibuprofen, H-wave unit at home, and Lidoderm patches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm lidocaine patch 5% #90 with 3 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Lidoderm.

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

**Decision rationale:** MTUS Guidelines are quite specific regarding the supported indication for topical lidocaine. Recommended use is limited to localized neuropathic pain disorders. This individual is diagnosed with chronic axial low back pain without ongoing leg pain. The prescribing physician documents pain improvements, but in this indication the Guidelines do not support this on a mechanistic vs. a placebo response. Other over the counter irritant patches have not been trialed for benefits. Under these circumstances, the Lidoderm lidocaine patch 5% #90 with 3 refills is not supported by Guidelines and is not medically necessary.