

<b>Case Number:</b>	CM15-0162389		
<b>Date Assigned:</b>	08/28/2015	<b>Date of Injury:</b>	06/26/2008
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	07/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2015

### 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: Physical Medicine & Rehabilitation

### 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 40 year old male, who sustained an industrial injury on June 26, 2008. Treatment to date has included lumbar laminectomy, lumbar injections, topical pain patches, topical pain cream, physical therapy, and home exercise program. Currently, the injured worker reports that his pain has improved since his previous visit. He notes that the warmer weather helps him cope with pain and he has been having increasing left back spasm. He rates his pain a 5 on a 10-point scale and describes the pain as constant annoying gnawing back pain. His current medication is Lidoderm 5% external patch. On physical examination the injured worker has limited range of motion of the lumbar spine and range of motion elicits pain in his axial spine. He has negative straight leg raise bilaterally and tenderness to palpation over the spine. The diagnoses associated with the request include lumbar spondylosis, post laminectomy lumbar, and lumbar sprain-strain. The treatment plan includes continued Lidoderm patches, continued compounded pain cream, continued home exercise program and massage therapy for lumbar myofascial pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm Patch Qty: 120.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Work Loss Data Institute, ODG Treatment in Workers Compensation 5th Edition 2007 or current year.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medications, Pages 111- 113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Lidoderm (Lidocaine patch), page 751.

**Decision rationale:** The patient exhibits diffuse tenderness and pain on the exam to the spine and extremities symptoms. The chance of any type of patch improving generalized symptoms and functionality significantly with such diffuse pain is very unlikely. Topical Lidoderm patch is indicated for post-herpetic neuralgia, according to the manufacturer. There is no evidence in any of the medical records that this patient has a neuropathic source for the diffuse pain. Without documentation of clear localized, peripheral pain to support treatment with Lidoderm along with functional benefit from treatment already rendered, medical necessity has not been established. There is no documentation of intolerance to oral medication. The Lidoderm Patch Qty: 120.00 is not medically necessary or appropriate.