

<b>Case Number:</b>	CM15-0187997		
<b>Date Assigned:</b>	09/29/2015	<b>Date of Injury:</b>	03/31/2012
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	08/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2015

### 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 55 year old male, who sustained an industrial injury on 03-31-2012. The injured worker is currently able to do sedentary work only. Medical records indicated that the injured worker is undergoing treatment for post-laminectomy syndrome with history of lumbar spine discectomy surgery, depression and anxiety, and insomnia. Treatment and diagnostics to date has included lumbar spine surgery and medications. Current medications include Duragesic patch, Wellbutrin, and Lyrica. After review of progress notes dated 06-18-2015 and 08-11-2015, the injured worker presented with low back pain. Objective findings included "normal" gait and positive left straight leg raise test in seated position. The treating physician noted that the injured worker has been using the Lidoderm patches over the paresthesias in the buttock and has noticed a "significant relief of pain with that." The Utilization Review with a decision date of 08-25-2015 non-certified the request for Lidoderm (Lidocaine patch 5%) x 30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm (Lidocaine Patch 5%) X 30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch).

**Decision rationale:** The patient exhibits diffuse tenderness and pain on the exam to the spine and extremities with radiating 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 for this chronic 2012 injury, medical necessity has not been established. There is no documentation of intolerance to oral medication. The Lidoderm (Lidocaine Patch 5%) X 30 is not medically necessary and appropriate.