

<b>Case Number:</b>	CM15-0192161		
<b>Date Assigned:</b>	10/06/2015	<b>Date of Injury:</b>	07/08/2014
<b>Decision Date:</b>	11/12/2015	<b>UR Denial Date:</b>	09/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2015

### 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 male individual who sustained an industrial injury on 7-8-14. The medical records indicate that the injured worker was in need of anterior exposure for L4-5 and L5-S1 anterior discectomy and fusion, which was done 1-12-15. He currently (8-19-15) complains of a clicking in the back. The bone grafts are incorporating per documentation and the injured worker was advised to use his brace and avoid activities that will make the back click. Diagnostics included x-ray of the lumbar spine (8-19-15) showing healing fracture of the spine L4-S1 with no movement noted on flexion-extension. Treatments to date include medications: tramadol, cyclobenzaprine, Lidoderm patches per the 8-19-15 note are helpful but no duration of use was present, gabapentin; status post fusion from L4-S1 with decompression (1-2015); brace. The request for authorization was not present. On 9-14-15 Utilization Review non-certified the request for Lidoderm.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm, unspecified quantity and dosage:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

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

**Decision rationale:** The patient exhibited diffuse tenderness and pain on the exam to the spine and extremities with radiating symptoms s/p lumbar discectomy and fusion. 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 as the patient is also prescribed Tramadol, Gabapentin and Cyclobenzaprine. The Lidoderm, unspecified quantity and dosage is not medically necessary and appropriate.