

<b>Case Number:</b>	CM15-0193054		
<b>Date Assigned:</b>	10/07/2015	<b>Date of Injury:</b>	03/23/2013
<b>Decision Date:</b>	11/19/2015	<b>UR Denial Date:</b>	09/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2015

### 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: Texas, Illinois

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 54 year old male, who sustained an industrial injury on 3-23-2013. The injured worker is undergoing treatment for chronic back pain, degenerative lumbar spondylosis, myofascial syndrome and insomnia due to pain. Medical records dated 9-15-2015 indicate the injured worker complains of chronic back pain. The treating physician indicates radicular pain radiating from the lumbar spine down his legs and that topical analgesics have allowed tapering of opioid analgesics and improves level of function. Improvement is demonstrated by ability to triple the amount of weight he is able to lift, cook a casserole, walk almost 3 times as far and sit twice as long with use of topical analgesic. The note dated 9-15-2015 does not indicate results of physical exam. Treatment to date has included lumbar facet injections and Norco and nonsteroidal anti-inflammatory drugs. The treating physician indicates the injured worker is working full time but "likely has irritable nociceptor type neuropathic pain as his nerve pain is responsive to topical agents." The original utilization review dated 9-22-2015 indicates the request for Lidoderm patches is non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm patches:** Upheld

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

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

**Decision rationale:** The injured worker sustained a work related injury on 3-23-2013. The medical records provided indicate the diagnosis of treatment for chronic back pain, degenerative lumbar spondylosis, myofascial syndrome and insomnia due to pain. Treatments have included lumbar facet injections and failed Norco and non-steroidal anti-inflammatory drug (NSAID) (side effects) The medical records provided for review do not indicate a medical necessity for Lidoderm patches. The topical analgesics are largely primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The MTUS does not recommend any compounded product that contains at least one drug (or drug class) that is not recommended. Lidoderm patch is a topical analgesic that contains 5% Lidocaine. The MTUS states it is only recommended for the treatment of post-herpetic neuralgia. The medical records do not indicate the injured worker is being treated for post-herpetic neuralgia. The request is not medically necessary.