

<b>Case Number:</b>	CM15-0196422		
<b>Date Assigned:</b>	10/12/2015	<b>Date of Injury:</b>	10/27/2007
<b>Decision Date:</b>	11/24/2015	<b>UR Denial Date:</b>	09/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2015

### 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:

The injured worker is a 60 year old male, who sustained an industrial injury on 10-27-2007. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for high blood pressure, post-laminectomy syndrome, lumbar degenerative disc disease, brachial neuritis or radiculitis, cervical degenerative disc disease, stress, and sleep difficulties. Medical records (02-27-2015 to 08-14-2015) indicate ongoing and increasing neck and back pain with radiating pain into the lower extremities. Pain levels were 6-8 out of 10 on a visual analog scale (VAS) on 02-27-2015, and 6-10 out of 10 on 08-14-2015. Records also indicate no changes in activity levels or level of functioning. Per the treating physician's progress report (PR), the IW has not returned to work. The physical exam, dated 08-14-2015, revealed restricted and painful range of motion in the cervical and lumbar spines, and tenderness to the paraspinals. Relevant treatments have included: cervical laminectomy, epidural steroid injections, cortisone injections, work restrictions, and pain medications (Lidoderm patches since 2014). The request for authorization (09-04-2015) shows that the following medication was requested: Lidoderm patches 5% (apply 3 patches every 12 hours) #90 per month. The original utilization review (09-14-2015) non-certified the request for Lidoderm patches 5% #90 per month.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm patch 5% apply 3 patches 12 hrs #90/month: 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:** Lidoderm is a lidocaine patch providing topical lidocaine. The MTUS Guidelines recommend the use of topical lidocaine primarily for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no clear evidence in the clinical reports that this injured worker has neuropathic pain that has failed treatment with trials of antidepressants and anticonvulsants. This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. In this case, the injured worker has been using lidoderm patches since 2012 without ongoing documentation of functional improvement, therefore, the request for lidoderm patch 5% apply 3 patches 12 hrs #90/month is not medically necessary.