

<b>Case Number:</b>	CM15-0208036		
<b>Date Assigned:</b>	10/26/2015	<b>Date of Injury:</b>	08/21/2009
<b>Decision Date:</b>	12/10/2015	<b>UR Denial Date:</b>	10/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2015

### 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: North Carolina, Georgia

Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 35 year old man sustained an industrial injury on 8-21-2009. Diagnoses include pathological fracture of the femur neck, brachial neuritis or radiculitis, shoulder joint pain, low back pain, cervical post-laminectomy syndrome, neck pain, medication induced constipation, and anxiety. Treatment has included oral medications including Norco and Gabapentin and a back brace. Physician notes dated 9-28-2015 show complaints of low back pain with radiation to the bilateral feet and right shoulder pain. The worker rates his pain 7 out of 10 without medications and 3 out of 10 with medications. The physical examination shows tenderness to palpation of the cervical paraspinal musculature, the bilateral trapezi, lumbar spine from L4-S1, and right shoulder with "restricted" range of motion, an antalgic gait is noted. Recommendations include continue with conservative care including medications and follow up in one month. Utilization Review denied a request for Lidocaine pad on 10-13-2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidocaine Pad 5% Qty 240:** Overturned

**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 CA MTUS states that topical lidocaine preparations such as Lidocaine pad 5% may be used as second line treatment for localized peripheral pain after a first line treatment, such as tricyclic antidepressant, SNRI or AED has tried and failed. The medical records in this case do describe localized peripheral pain and document treatment with gabapentin that incompletely controlled pain. Therefore, Lidocaine pad 5 % qty 240 is medically necessary.