

<b>Case Number:</b>	CM15-0023765		
<b>Date Assigned:</b>	02/13/2015	<b>Date of Injury:</b>	08/17/2012
<b>Decision Date:</b>	04/02/2015	<b>UR Denial Date:</b>	01/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/09/2015

### 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 female, who sustained an industrial injury on 08/17/2012. On provider visit dated 09/24/2014 the injured worker has reported low back pain that radiates to left gluteal region, pain down into her left calf and foot. On examination she was noted to have a decreased range of motion of cervical and lumbar spine. The diagnoses have included L4-L5 left paracentral disc protrusion of her low back with associated focal spinal stenosis at L3-L4 and L4-L5, status post left L3-L4 and L4-L5 epidural steroid injection and left L4 and L5-S1 facet block under image to improve with her backache and radicular symptoms and cervical degenerative disc disease at the C5-C6 region of the cervical spine with the left trapezial trigger point. Treatment to date has included injections, MRI's, and medication. On 01/30/2015 Utilization Review non-certified Lidoderm patches #1 box, unspecified qty per box with 1 refill. The CA MTUS, ACOEM, Chronic Pain Medical Treatment Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm patches #1 box, unspecified qty per box with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111,112,56-57.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 56-57, 111-113.

**Decision rationale:** According to the 09/24/2014 report, this patient presents with persistent pain in her low back that radiates into the left gluteal region and down into the left calf/foot. The current request is for Lidoderm patches #1 box, unspecified qty per box with 1 refill but the treating physician's report and the request for authorization containing the request is not included in the file. The patient's work status is "normal duties without restrictions."The MTUS guidelines state that Lidoderm patches may be recommended for neuropathic pain that is peripheral and localized when trials of antidepressants and anti-convulsants have failed. The provided medical reports show the patient has lumbar spinal neuropathic pain but this is not a localized condition. The treating physician has not documented that a trial of anti-depressants and anti-convulsion have failed, the location of trial of the lidoderm patches is not stated. Furthermore, Lidoderm patches are not recommended for axial back pain but peripheral, localized neuropathic pain. The current request IS NOT medically necessary.