

<b>Case Number:</b>	CM15-0027963		
<b>Date Assigned:</b>	02/20/2015	<b>Date of Injury:</b>	12/10/1996
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	02/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2015

### 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 63 year old female, who sustained an industrial injury on 12/10/1996. She has reported low back pain. The diagnoses have included spinal stenosis lumbar region; degeneration lumbar intervertebral disc; facet joint disease; and right lumbar radiculitis. Treatment to date has included medications, epidural steroid injections, aquatic therapy, and physical therapy. Medications have included Lyrica, Vicodin, Hydrocodone/Acetaminophen, Celebrex, and Lidoderm Patches. A progress note from the treating physician, dated 01/07/2015, documented a follow-up visit with the injured worker. The injured worker reported continued low back pain that radiates to her right buttock, hip, and leg; and numbness, burning sensation, and tingling in the right lower extremity. Objective findings included moderate tenderness to palpation at the right lumbar paraspinal muscles and muscle spasms; significantly limited range of motion in her low back; and straight leg-raising testing was positive on the right. The treatment plan has included request for prescription medications. On 02/06/2015 Utilization Review noncertified a prescription for Lidoderm 5% Patches QTY: 60.00. The CA MTUS, ACOEM was cited. On 02/09/2015, the injured worker submitted an application for IMR for review of a prescription for Lidoderm 5% Patches QTY: 60.00.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm 5% Patches QTY:60.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine patch) - Topical Lidocaine Page(s): 56-57.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medications, Pages 111- 113.

**Decision rationale:** The patient exhibits diffuse tenderness and pain on the exam to the spine and extremities with radiating symptoms. 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 on multiple other oral analgesics. The Lidoderm 5% Patches QTY:60.00 is not medically necessary and appropriate.