

<b>Case Number:</b>	CM15-0221034		
<b>Date Assigned:</b>	11/16/2015	<b>Date of Injury:</b>	07/19/2014
<b>Decision Date:</b>	12/30/2015	<b>UR Denial Date:</b>	11/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2015

### 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: Georgia

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 33 year old male, who sustained an industrial injury on 7-19-14. The injured worker was diagnosed as having thoracic or lumbosacral neuritis or radiculitis. Treatment to date has included physical therapy, a home exercise program, acupuncture, and medication including Cyclobenzaprine, Tylenol extra strength, and Norco. Physical exam findings on 8-27-15 included restricted and painful lumbar range of motion. Tenderness was also noted over the sacroiliac spine. Sensation was decreased over the left calf and thigh. On 8- 18-15 pain was rated as 7 of 10. On 8-27-15, the injured worker complained of lumbar spine pain. The treating physician requested authorization for Lidocaine 5% 700mg per patch #30. On 11-4-15 the request was non-certified by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidocaine 5 Percent Patch (700mg/Patch) 1 Patch Apply to Affected Area Daily #30:**  
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): Topical Analgesics.

**Decision rationale:** Lidocaine 5 Percent Patch (700mg/Patch) 1 Patch Apply to Affected Area Daily #30 is not medically necessary. According to California MTUS, 2009, chronic pain, page 111 California MTUS guidelines does not cover topical analgesics that are largely experimental in use with a few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended, is not recommended. Additionally, Per CA MTUS page 111 states that topical analgesics are recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (anti-depressants or AED) Only FDA-approved products are currently recommended. Non-neuropathic pain: Not recommended. The claimant was not diagnosed with neuropathic pain and there is no documentation of physical findings or diagnostic imaging confirming the diagnosis; therefore, the requested medication is not medically necessary.