

<b>Case Number:</b>	CM15-0034334		
<b>Date Assigned:</b>	03/02/2015	<b>Date of Injury:</b>	06/14/2006
<b>Decision Date:</b>	04/08/2015	<b>UR Denial Date:</b>	01/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/23/2015

### 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, 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 55 year old female, who sustained an industrial injury on 6/14/06. She has reported pain in the back, neck, shoulders and knees. The diagnoses have included cervical sprain, right shoulder sprain, right knee sprain, lumbar sprain and left foot tenosynovitis. Treatment to date has included oral and topical medications. As of the PR2 dated 1/9/15, the injured worker reports 7/10 pain in the neck, shoulders, hip and back. The treating physician noted swelling and tenderness in the right hip and bilateral trapezius muscles. The treating physician requested LidAll patches #90. On 1/28/15 Utilization Review non-certified a request for LidAll patches #90. The utilization review physician cited the MTUS guidelines for topical analgesics. On 2/5/15, the injured worker submitted an application for IMR for review of LidAll patches #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LidAll patches #90 apply one patch per day:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

**Decision rationale:** Regarding request for LidAll patches, Chronic Pain Medical Treatment Guidelines recommend the use of topical lidocaine for localized peripheral pain after there has been evidence of a trial of the 1st line therapy such as tri-cyclic antidepressants, SNRIs, or antiepileptic drugs. Within the documentation available for review, there is no indication of localized peripheral neuropathic pain and failure of first-line therapy recommendations. In light of the above issues, the currently requested LidAll patches are not medically necessary.