

<b>Case Number:</b>	CM15-0036059		
<b>Date Assigned:</b>	03/04/2015	<b>Date of Injury:</b>	03/12/2007
<b>Decision Date:</b>	04/13/2015	<b>UR Denial Date:</b>	02/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2015

### 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: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

### 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 46 year old female, who sustained an industrial injury on 3/12/2007. She has reported back pain. The diagnoses have included neck pain with degenerative changes on multiple levels, cervical radiculitis, headache, Thoracic spine pain, low back pain and lumbar radiculitis. Treatment to date has included medication therapy. Currently, the IW complains of pain rated 6-7/10 with medication and 10/10 without medication. The physical examination on 12/29/14 documented "no significant changes." The plan of care included continuation of medication, psychology care, and pain management care. On 2/17/2015 Utilization Review non-certified Lidoderm Patches 5% #30, noting the documentation did not include function improvement with the requested treatment. The MTUS and ODG Guidelines were cited. On 2/25/2015, the injured worker submitted an application for IMR for review of Lidoderm Patches 5% #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm (lidocaine patch 5%) #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305, Chronic Pain Treatment Guidelines Page(s): 56-57, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56.

**Decision rationale:** According to MTUS guidelines, "Lidoderm is the brand name for a lidocaine patch produced by [REDACTED]. Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin." In this case, there is no documentation that the patient developed neuropathic pain that did not respond to first line therapy and the need for Lidoderm patch is unclear. There is no documentation of efficacy of previous use of Lidoderm patch. Therefore, the prescription of Lidoderm patch #30 is not medically necessary.