

<b>Case Number:</b>	CM15-0036483		
<b>Date Assigned:</b>	03/05/2015	<b>Date of Injury:</b>	07/10/2014
<b>Decision Date:</b>	04/09/2015	<b>UR Denial Date:</b>	02/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2015

### 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 50-year-old male who sustained an industrial injury on 7/10/14 after lifting 30 bags of dog food in the trunk of his car developing low back pain and numbness. He currently complains of acute pain in his neck, right lower back and shoulder. His pain intensity with medications is 2/10 and without medications is 4/10. His quality of sleep is poor. Medications are ibuprofen, Lidoderm 5% patch and cyclobenzaprine. Diagnoses include radiculopathy; low back pain. Treatments to date include 18 physical therapy sessions providing moderate relief. Diagnostics include lumbar MRI (9/15/14) which was abnormal; x-ray lumbar spine (7/24/14) which were unremarkable. In the progress note dated 1/23/15 the treating physician recommended trial of Lidoderm 5% patch for axial low back pain with possible neuropathic association. This will be short term for the injured worker to continue work and allow conservative treatment. On 2/11/15 Utilization Review non-certified the request for Lidoderm 5% patch (700 mg /patch) X 30 citing MTUS: Chronic Pain Medical Treatment Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm 5% patch (mg/patch) times 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines California code of regulations Title 8 Page(s): 112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 112 of 127.

**Decision rationale:** Regarding request for topical lidoderm, 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 that the patient has failed first-line therapy recommendations. Additionally, there is no documentation of analgesic effect or objective functional improvement as a result of the currently prescribed lidoderm. As such, the currently requested lidoderm is not medically necessary.