

<b>Case Number:</b>	CM15-0038297		
<b>Date Assigned:</b>	03/09/2015	<b>Date of Injury:</b>	03/04/2012
<b>Decision Date:</b>	04/10/2015	<b>UR Denial Date:</b>	02/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/02/2015

### 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 33-year-old male who sustained an industrial injury on 03/04/2012. Diagnoses include thoracic/lumbosacral neuritis/radiculitis, degenerative lumbar/lumbosacral intervertebral disc, lumbar sprain and strain, and sprain and strain of sacroiliac low back area. Treatment to date has included medications, TENS Unit, chiropractic sessions, epidural steroid injections, acupuncture and physical therapy. A physician progress note dated 03/04/2015 documents the injured worker complains of a constant sharp, stabbing and burning pain in his lower back with numbness and tingling, as well as shooting, pinching, and pulsing pain down both lower extremities, both anteriorly and posteriorly. Pain is rated 5-7 out of 10 on average, with occasional exacerbation to a 9 on a scale of 1 to 10. Examination of the back revealed moderate lumbar paraspinal muscle spasm. Range of motion of the lumbar back was limited and painful. Palpation of the lower back revealed moderate tenderness about the lumbosacral junction in the mid-line, and there was slight tenderness of the sacroiliac joints bilaterally. His gait is wide-based, minimally antalgic, and favoring the left leg. Electrodiagnostic studies revealed no evidence of a right or left lower extremity or lumbar radiculopathy. Treatment requested is for Lidoderm patch 5% #30 with 2 refills. On 02/23/2015, Utilization Review denied the request for Lidoderm patch 5% #30 with 2 refills and cited was MTUS Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm patch 5% #30 with 2 refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medications, Pages 111- 113. Decision based on Non-MTUS Citation ODG, Pain, Lidoderm (Lidocaine patch), page 751.

**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 patch 5% #30 with 2 refill is not medically necessary and appropriate.