

<b>Case Number:</b>	CM15-0040370		
<b>Date Assigned:</b>	03/10/2015	<b>Date of Injury:</b>	01/20/2006
<b>Decision Date:</b>	05/04/2015	<b>UR Denial Date:</b>	02/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2015

### 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: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 45-year-old female who reported an injury on 01/20/2006. The mechanism of injury involved a motor vehicle accident. The current diagnoses include lumbosacral radiculitis, lumbar postlaminectomy syndrome, sacroiliac joint inflammation, and drug induced constipation. The injured worker presented on 12/30/2014 for a follow-up evaluation with complaints of ongoing burning and tingling sensation in the upper and lower back, extending into the bilateral lower extremities. The provider indicated that the current medication regimen was effective and necessary for functional improvement and mobility. The injured worker has also been treated with acupuncture and epidural injections. Upon examination, there was tenderness to palpation over the lumbar spine, painful and restricted lumbar range of motion, 4/5 motor weakness in the lower extremities, intact sensation, and negative straight leg raise. Recommendations at that time included a continuation of the current medication regimen of Norco 10/325 mg. A Request for Authorization form was then submitted on 12/30/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidocaine 5% patch #30 no refill Rx date 12/1/14: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

**Decision rationale:** The California MTUS Guidelines state topical Lidocaine is indicated for neuropathic pain or localized peripheral pain after there has been evidence of a trial of first line treatment with antidepressants or anticonvulsants. In this case, there was no indication that this injured worker was actively utilizing this medication. There was also no mention of a failure of first line oral medication. Additionally, the request as submitted also failed to indicate a frequency. Given the above, the request is not medically appropriate.