

<b>Case Number:</b>	CM15-0042335		
<b>Date Assigned:</b>	03/12/2015	<b>Date of Injury:</b>	12/20/2013
<b>Decision Date:</b>	04/22/2015	<b>UR Denial Date:</b>	02/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/05/2015

### 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 61 year old female who sustained an industrial injury on 12/19/2015. Injuries resulted from a fall injuring her right forearm and left wrist, neck pain and right upper and lower lumbar region pain. Diagnoses include cervical sprain, bilateral wrist sprain, lumbar sprain, cervical disc protrusion and gastritis. Treatment to date has included medications, chiropractic sessions, physical therapy, and a home exercise program. A physician progress note dated 01/19/2015 documents the injured worker states that "as long as I take my medications pain is very well manageable and I am fully functional". There is no change from previous exam. She has tenderness to palpation at the cervical C5-C6, and C7 paravertebral muscles and stiffness and tightness at L4-L5, and L5-S1. There is tenderness on deep palpation oot the acromioclavicular joint and subacromial space, no motion restrictions. Treatment requested is for Lenz patch #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lenzapatch #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical lidocaine Page(s): 56-57, 112. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Lidoderm.

**Decision rationale:** The patient presents with neck, right shoulder, wrist, low back pain radiating to lower extremity. The request is for LENZAPATCH #30. The request for authorization is dated 01/19/15. MRI of the cervical spine, 04/29/14, shows C3-4: central and right paracentral disk protrusions, C4-5: posterior disk bulge with a broad based subligamentous disk extrusion that measures 5x5x3mm, C5-6: 3mm posterior disk bulge with a superimposed 3x3mm central disk protrusion, C6-7: 3mm posterior disk bulge extending into the foramina. Patient has had previous sessions of chiropractic manipulations and physical therapy. Patient will continue home exercise program. The patient states that "as long as I take my medication pain is very well manageable and I am fully functional." Patient's medications include Fenopfen, LenzaPatch and Cyclobenzaprine. The patient is returned to modified work duty. MTUS guidelines page 57 states, "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 or Lyrica)." MTUS Page 112 also states, "Lidocaine Indication: Neuropathic pain. Recommended for localized peripheral pain." When reading ODG guidelines, it specifies that lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documenting pain and function. Treater does not specifically discuss this medication. For the use of topical lidocaine patches, peripheral, localized neuropathic pain is required per guidelines. The patient has arm and wrist pain, for which topical lidocaine patch would be indicated. However, treater does not discuss how it is used and with what efficacy. Furthermore, the treater has not provided any documentation showing evidence of a trial of first-line therapy. Therefore, the request is not medically necessary.