

<b>Case Number:</b>	CM15-0044415		
<b>Date Assigned:</b>	03/16/2015	<b>Date of Injury:</b>	04/01/2010
<b>Decision Date:</b>	04/23/2015	<b>UR Denial Date:</b>	03/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/09/2015

### 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: Massachusetts

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 (IW) is a 50-year-old male who sustained an industrial injury on 04/01/2010. Diagnoses include multilevel lumbar disc disease/Grade I retrolisthesis of L5 on S1 and lumbar stenosis. Treatment to date has included medications, epidural steroid injections, physical therapy, and home exercise program and activity modifications. He reported medications, cold and hot packs, warm showers and stretching exercises are helpful for pain. Diagnostics performed to date included x-rays and MRIs. According to the PR2 dated 12/22/14, the IW reported a flaring of middle low back pain with stabbing and burning pain extending to the top of the right foot associated with tingling and weakness. Previous epidural steroid injections relieved pain up to 80% for approximately five months at a time. A prescription for Lidocaine 5% patch was requested for the patient's pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidocaine 5% patch Qty 60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Lidoderm (lidocaine patch). p56-57 (2) Topical Analgesics, p111-113 Page(s): 56-57, 111-113.

**Decision rationale:** The claimant is more than 4 years status post work-related injury and continues to be treated for chronic low back pain with intermittent radicular symptoms. In terms of topical treatments, topical lidocaine in a formulation that does not involve a dermal-patch system could be recommended for localized peripheral pain. Lidoderm is not a first-line treatment and is only FDA approved for postherpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. Therefore, Lidoderm was not medically necessary.