

<b>Case Number:</b>	CM15-0046254		
<b>Date Assigned:</b>	03/18/2015	<b>Date of Injury:</b>	11/05/2002
<b>Decision Date:</b>	04/23/2015	<b>UR Denial Date:</b>	02/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2015

### 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:

This 67 year old female sustained a work related injury on 11/05/2002. According to the most recent progress report submitted for review and dated 02/04/2015, the injured worker was seen in follow up for chronic lumbar, piriformis and sacroiliac joint pain. Piriformis pain was flared since she started a workout program. The assessment was noted as low back pain, sacroiliac joint arthropathy, chronic pain due to trauma, lumbar radiculopathy, lumbar facet arthropathy, lumbar disc displacement, lumbar disc degeneration, and piriformis syndrome. Treatment plan included Norco, Nucynta and Gabapentin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm 5% patches #60 x 4 refills:** 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 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 111-113 of 127.

**Decision rationale:** Regarding the request for Lidoderm, CA MTUS states that topical lidocaine is "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." Within the documentation available for review, there is no indication of localized peripheral neuropathic pain after failure of first-line therapy as outlined above. Given all of the above, the requested Lidoderm is not medically necessary.