

<b>Case Number:</b>	CM15-0048783		
<b>Date Assigned:</b>	03/20/2015	<b>Date of Injury:</b>	04/13/2010
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	03/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/16/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 43-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of April 13, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; earlier lumbar spine surgery; unspecified amounts of physical therapy; unspecified amounts of acupuncture; a spinal cord stimulator trial, and topical agents. In a Utilization Review report dated March 6, 2015, the claims administrator failed to approve requests for topical Lidoderm patches, referencing an RFA form of February 27, 2015 and a progress note of February 5, 2015 in its determination. The applicant's attorney subsequently appealed. In a progress note dated February 11, 2015, the applicant reported ongoing complaints of low back, neck, and shoulder pain. The applicant had developed derivative issues with depression and anxiety, it was acknowledged. The applicant was off of work, it was further noted. The applicant was deemed a qualified injured worker, it is further noted. Permanent restrictions were imposed, effectively resulting in the applicant's removal from the workplace. Medication selection and medication efficacy were not discussed. The applicant's medication list was not provided. On January 9, 2015, the applicant was placed off work, on total temporary disability, owing to ongoing complaints of low back, neck, and elbow pain. Once again, the applicant's medication list was not detailed. In a progress note dated November 26, 2014, the applicant was placed off work, on total temporary disability, while Norco and Flexeril were endorsed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm patch 5%; two patches once a day #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine Page(s): 112.

**Decision rationale:** No, the request for topical Lidoderm patches was not medically necessary, medically appropriate, or indicated here. While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical lidocaine is indicated in the treatment of localized peripheral pain or neuropathic pain in applicants in whom there has been a trial of first-line therapy with antidepressants and/or anticonvulsants, in this case, however, there was no mention of the applicant's having tried and/or failed first-line antidepressant adjuvant medications and/or first-line anticonvulsant adjuvant medications prior to introduction, selection, and/or ongoing usage of the Lidoderm patches in question. The bulk of the progress note on file, it is further noted, failed to incorporate any discussion of medication selection or medication efficacy. Therefore, the request was not medically necessary.