

<b>Case Number:</b>	CM15-0052657		
<b>Date Assigned:</b>	03/26/2015	<b>Date of Injury:</b>	01/02/2014
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2015

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 33-year-old female, who sustained an industrial injury on 1/02/2014. She reported back pain. Diagnoses include lumbar sprain/strain and lower back pain. Treatment to date has included diagnostic imaging including magnetic resonance imaging (MRI), medications, chiropractic, acupuncture, modified work and home exercise. Per the Primary Treating Physician's Progress Report dated 2/05/2015, the injured worker reported low back pain and right leg pain. Physical examination revealed tenderness to palpation of the lumbar paraspinal muscles with decreased lumbar range of motion. The plan of care included medications and authorization was requested for Lidoderm 5% #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm DIS 5% quantity 30:** Upheld

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

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

**Decision rationale:** This 33 year old female has complained of low back pain since date of injury 1/2/14. She has been treated with chiropractic therapy, acupuncture and medications. The current request is for Lidoderm. Per the MTUS guidelines cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, Lidoderm DIS 5% is not medically necessary.