

<b>Case Number:</b>	CM15-0058157		
<b>Date Assigned:</b>	04/16/2015	<b>Date of Injury:</b>	06/15/2003
<b>Decision Date:</b>	05/15/2015	<b>UR Denial Date:</b>	02/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2015

### 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 (IW) is a 72-year-old female who sustained an industrial injury on 06/15/2003. There have been multiple issues. Diagnoses include jaw pain, cervicgia, chronic pain syndrome, myalgia and myositis (unspecified), other pain disorders related to psychological factors and long-term use of other medications. Treatment to date has included medications, acupuncture, injections, surgeries, psychotherapy and physical therapy. Diagnostics included electrodiagnostic testing, x-rays and MRIs. According to the progress notes dated 2/9/15, the IW reported she felt worse overall; without her medications, she was having much higher pain levels, less ability to exercise, worse sleep and more anxiety and depression. A request was made for Lidoderm 5% patches due to need for pain relief and the success of this topical medication in the past.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm 5% topical film 5% 1-3 patches to skin for 12 hours qty: 60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medications, Pages 111- 113.

**Decision rationale:** The patient exhibits diffuse tenderness and pain on the exam to the spine and extremities with radiating symptoms. The chance of any type of patch improving generalized symptoms and functionality significantly with such diffuse pain is very unlikely. Topical Lidoderm patch is indicated for post-herpetic neuralgia, according to the manufacturer. There is no evidence in any of the medical records that this patient has a neuropathic source for the diffuse pain. Without documentation of clear localized, peripheral pain to support treatment with Lidoderm along with functional benefit from treatment already rendered, medical necessity has not been established. There is no documentation of intolerance to oral medication as the patient is also on oral analgesic. The Lidoderm 5% topical film 5% 1-3 patches to skin for 12 hours qty: 60 is not medically necessary and appropriate.