

<b>Case Number:</b>	CM15-0080828		
<b>Date Assigned:</b>	05/04/2015	<b>Date of Injury:</b>	05/23/1990
<b>Decision Date:</b>	06/02/2015	<b>UR Denial Date:</b>	04/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/27/2015

### 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: Emergency 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 injured worker is a 76-year-old female, who sustained an industrial injury on May 23, 1990. The injured worker's initial complaints and diagnoses are not included in the provided documentation. The injured worker was diagnosed as having back pain. Diagnostic studies were not included in the provided medical records. Treatment to date has included pain medication. On December 2, 2014, the injured worker complains of back pain with difficulty walking. Associated symptoms include back spasms over the past week and occasional leg pain. The treating physician noted she had a brisk walk and normal neurological exam. The treatment plan includes pain medication and follow-up as needed. Lidocaine pad 5% is the requested treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidocaine pad 5% QTY: 30.00 with 1 refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm(lidocaine patch) Page(s): 56-57.

**Decision rationale:** As per MTUS chronic pain guidelines, lidoderm/Lidocaine patch is only approved for peripheral neuropathic pain, specifically post-herpetic neuralgia. There is poor evidence to support its use in other neuropathic pain. Patient has no diagnosis that is consistent with neuropathy. It may be considered after failure of first line treatment. There is no documentation of any first line failure. Lidocaine patch is not medically necessary.