

<b>Case Number:</b>	CM15-0081792		
<b>Date Assigned:</b>	05/04/2015	<b>Date of Injury:</b>	08/05/2009
<b>Decision Date:</b>	06/12/2015	<b>UR Denial Date:</b>	04/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2015

### 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: Massachusetts

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:

The injured worker is a 54 year old male, who sustained an industrial injury on 8/5/09. The injured worker has complaints of back pain and lower extremity numbness. The diagnoses have included chronic low back pain; lumbosacral spondylosis; lumbosacral neuritis unspecified; degeneration of lumbar or lumbosacral intervertebral disc and post-laminectomy syndrome lumbar. Treatment to date has included injection; ibuprofen; ambien; lyrica; lidoderm patches; opioids and radiofrequency neurolysis. The request was for Lidoderm 5% #60 and ibuprofen 800mg #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm 5% #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Lidoderm (lidocaine patch). P56-57, (2) Topical Analgesics, p111-113.

**Decision rationale:** The claimant sustained a work-related injury in August 2008 and continues to be treated for low back pain with right lower extremity numbness. When seen, there was lumbar tenderness and poor posture. In terms of topical treatments, topical lidocaine in a formulation that does not involve a dermal-patch system could be recommended for localized peripheral pain. Lidoderm is not a first-line treatment and is only FDA approved for postherpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. Therefore, Lidoderm was not medically necessary.