

<b>Case Number:</b>	CM15-0087079		
<b>Date Assigned:</b>	05/11/2015	<b>Date of Injury:</b>	11/08/2010
<b>Decision Date:</b>	06/10/2015	<b>UR Denial Date:</b>	04/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/06/2015

### 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 is a 33-year-old female, who sustained an industrial injury on November 8, 2010. She reported low back pain. The injured worker was diagnosed as having lumbar or lumbosacral intervertebral disk degeneration and sciatica. Treatment to date has included radiographic imaging, diagnostic studies, epidural steroid injections, physical therapy, TENS unit, medications and work restrictions. Currently, the injured worker complains of low back pain radiating into bilateral lower extremities with associated tingling and numbness, worsened with activity, standing, sitting and reclining. The injured worker reported an industrial injury in 2010, resulting in the above noted pain. She was treated conservatively without complete resolution of the pain. She reported continuing pain however continued to work at a fast food restaurant. She had cumulative trauma injuries and noted specific injuries on two occasions including being hit by hamburger boxes and pain with lifting. She then noted changing jobs to reduce strain on the back. She eventually noted being off work however wished to seek treatment to improve and return to work. Evaluation on December 22, 2014, revealed continued pain. Pain patches and medications were renewed. Evaluation on February 20, 2015, revealed continued pain. Lidoderm patches were requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm 5% Patch Qty 30 with 3 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

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

**Decision rationale:** Chronic symptoms and clinical findings remain unchanged with medication refilled. The patient exhibits diffuse tenderness and pain on the exam to the spine and extremities with radiating symptoms. The chance of any type of topical improving generalized symptoms and functionality significantly with such diffuse pain is very unlikely. Topical Lidocaine 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 Lidocaine 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 other oral analgesics. The Lidoderm 5% Patch Qty 30 with 3 refills is not medically necessary and appropriate.