

<b>Case Number:</b>	CM15-0087496		
<b>Date Assigned:</b>	05/11/2015	<b>Date of Injury:</b>	02/14/2009
<b>Decision Date:</b>	06/16/2015	<b>UR Denial Date:</b>	04/09/2015
<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, 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 33 year old female, who sustained an industrial injury on 2/14/2009. She reported a physical assault in which she was struck in the face and fell back onto the head and back with a laceration to the lip requiring stitches and resulted in pain in the jaw, neck, and back. She underwent dental procedures to replace teeth. Diagnoses include cervical disc injury, left TMJ arthralgia, right mandibular premolar fracture with implant, and lumbar facet arthralgia versus radiculopathy. Treatments to date include medication therapy. Currently, she complained of neck pain radiating into the left temple and periorbital region with left hand pain and low back pain. She presented to the Emergency Department on 2/10/15, with complaints of severe headache and was treated with Percocet and OxyContin and discharged home. She is currently prescribed Amitriptyline 50mg and the Neurontin was discontinued. The Lidoderm patches were noted as helpful for low back pain. On 4/8/15, the physical examination documented tenderness and muscle spasms over the right cervical spine. The plan of care included Lidoderm 5% Patch, quantity #60 with four refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm 5% patch quantity 60 with four refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112; 56-57.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Lidocaine Page(s): 112.

**Decision rationale:** Regarding request for topical Lidoderm, Chronic Pain Medical Treatment Guidelines recommend the use of topical lidocaine for localized peripheral pain after there has been evidence of a trial of the first line therapy such as tricyclic antidepressants, SNRIs, or antiepileptic drugs. Within the documentation available for review, there is no indication that the patient has failed first-line therapy recommendations as the patient has been taking amitriptyline with good improvement in her pain level. Additionally, there is no documentation of objective functional improvement as a result of the currently prescribed Lidoderm. Finally, there is no documentation of localized peripheral neuropathic pain as recommended by guidelines. As such, the currently requested Lidoderm is not medically necessary.