

<b>Case Number:</b>	CM15-0088068		
<b>Date Assigned:</b>	05/12/2015	<b>Date of Injury:</b>	09/19/2007
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	04/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/07/2015

### 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 63-year-old female who sustained a work related injury September 19, 2007. According to a treating physician's progress report, dated April 15, 2015, the injured worker presented with chronic low back pain, located midline at L3-L5, with sometimes pain in the left buttock and occasional right leg pain. She has been treated with prescription medication, exercise, ice, heat, TENS unit, physical therapy and use of patches. The lumbar spine is tender between L3-L5 at the midline. There is tenderness in the left sciatic notch, which radiates pain down into the left buttock and left posterior thigh. Heel to toe walk is normal and straight leg raise are negative bilaterally. Diagnoses are disorders sacrum and unspecified thoracic/lumbar neuritis/radiculitis. Treatment plan included continuing home exercise and stretching, liberal use of ice and heat, medications as directed and at issue, a request for Lidoderm DIS.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm DIS 5% #30 with 5 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 multiple other oral analgesics. The Lidoderm DIS 5% #30 with 5 refills is not medically necessary and appropriate.