

<b>Case Number:</b>	CM15-0088259		
<b>Date Assigned:</b>	05/12/2015	<b>Date of Injury:</b>	02/22/2013
<b>Decision Date:</b>	06/15/2015	<b>UR Denial Date:</b>	04/10/2015
<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: North Carolina, Georgia  
Certification(s)/Specialty: Family Practice

### 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 30 year old male who sustained an industrial injury on 02/22/2013. Current diagnoses include lumbar disc herniation, status post decompression in 04/2014, and left lower extremity radiculopathy. Previous treatments included medication management, physical therapy, TENS unit, and back surgery. Previous diagnostic studies include an MRI. Initial injuries included back pain with radiation to the legs. Report dated 03/23/2015 noted that the injured worker presented with complaints that included pain in the low back that radiates to the left lower extremity. Pain level was 7 out of 10 on a visual analog scale (VAS). Physical examination was positive for tenderness over the lumbar area, and bilateral straight leg raises were positive. The treatment plan included obtaining MRI report, pending authorization for a follow up appointment, pending authorization for urine toxicology screen, and request for physical therapy, Motrin, and Lidoderm patches. Disputed treatments include Lidoderm patches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm patch #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section 2  
Page(s): 56-57.

**Decision rationale:** The CA MTUS states that topical lidocaine preparations such as Lidoderm may be used as second line treatment for localized peripheral pain after a first line treatment, such as tricyclic antidepressant, SNRI or AED, has tried and failed. The medical records in this case do not describe any prior treatment with a first line treatment. Therefore, the use of Lidoderm is not medically necessary.