

<b>Case Number:</b>	CM15-0237531		
<b>Date Assigned:</b>	12/14/2015	<b>Date of Injury:</b>	10/26/1998
<b>Decision Date:</b>	01/21/2016	<b>UR Denial Date:</b>	11/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented 61-year-old who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of October 26, 1998. In a Utilization Review report dated November 26, 2015, the claims administrator failed to approve a request for topical Lidoderm patches. The claims administrator referenced a November 17, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On October 6, 2015, the applicant reported ongoing issues with chronic neck and low back pain with ancillary issues including hip pain, knee pain, and headaches. 8-9/10 pain without medications versus 5/10 pain with medications was reported. The applicant was given prescriptions for Norco, Neurontin, and Lidoderm patches. A Dilaudid injection was administered in the clinic. The applicant's work status was not explicitly stated. The applicant had undergone an earlier failed lumbar laminectomy surgery, the attending provider acknowledged. On a November 17, 2015 RFA form, Neurontin, Lidoderm patches and Norco were all seemingly endorsed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm 5% 1 patch daily #30 for the cervical and lumbar pain:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** No, the request for topical Lidoderm patches was not medically necessary, medically appropriate, or indicated here. Page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical lidocaine is indicated in the treatment of localized peripheral pain or neuropathic pain in applicants in whom there has been a trial of first-line therapy with anti-depressants and/or anti-convulsants. Here, however, the applicant's concurrent usage of gabapentin, an anti-convulsant adjuvant medication, effectively obviated the need for the Lidoderm patches in question. Therefore, the request was not medically necessary.