

<b>Case Number:</b>	CM13-0038342		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	02/18/2003
<b>Decision Date:</b>	01/29/2014	<b>UR Denial Date:</b>	08/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty Certificate in Pain Medicine, and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 55-year-old female who reported an injury on 02/18/2003. The patient is currently diagnosed with a cervical sprain with facet inflammation and radiculitis, impingement syndrome of the left shoulder, epicondylitis, carpal tunnel syndrome, discogenic lumbar condition with radicular component in the left lower extremity, left knee derangement, depression and weight gain of 100 pounds. The patient was seen by the requesting physician on 07/12/2013. The patient reported persistent left knee pain as well as lower back pain with radiation to the bilateral lower extremities. Physical examination revealed tenderness along the rotator cuff and AC joint, positive impingement signs, weakness to resisted function, tenderness to the lumbosacral area, negative straight leg raise, weakness to resisted function of the left lower extremity and tenderness along the buttock on the left side. Treatment recommendations included a continuation of current medications, an EMG study of the bilateral upper and lower extremities and an MRI of the left shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**The prospective request for 1 prescription of Lidoderm 5%, #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm® (lidocaine patch).

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

**Decision rationale:** The California MTUS Guidelines state that topical analgesics are largely experimental in use, with few randomized, controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Topical lidocaine, in the formulation of a dermal patch, has been designated by the FDA for neuropathic pain. As per the clinical notes submitted, there is no documentation of a failure to respond to first-line therapy with tricyclic or SNRI antidepressants or anticonvulsants, such as Gabapentin or Lyrica. Although the patient is currently prescribed Topamax, the current findings do not show any objective evidence of neuropathic pain. The medical necessity for the requested medication has not been established. As such, the request is non-certified.