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| <b>Case Number:</b>   | CM14-0120879 |                              |            |
| <b>Date Assigned:</b> | 09/16/2014   | <b>Date of Injury:</b>       | 10/04/2010 |
| <b>Decision Date:</b> | 10/23/2014   | <b>UR Denial Date:</b>       | 07/23/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/30/2014 |

### 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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty 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 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/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 injured worker is a 55-year-old female who is reported to have sustained injuries to her low back as a result of the trip and fall occurring on 10/04/10. Records indicate that the injured worker failed conservative care and was subsequently taken to surgery on 02/24/14. At this time she underwent a L45 laminectomy. Postoperatively, she has undergone physical therapy with improvement. It is reported that her VAS is 5/10 without medications and 3/10 with medications. The record contains a urine drug screen that is positive for cocaine. She subsequently, has been discontinued from opiates and muscle relaxants. Per a clinical note dated 08/18/14 the injured worker is being weaned from oral medications. On examination she is neurologically intact. The record contains a utilization review determination dated 07/23/14 in which a request for Lidoderm 5% patch # 30 with three refills was noncertified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm 5% patch (700mg/patch) #30 with (3) Refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch), Page(s): 56-57.

**Decision rationale:** The request for Lidoderm 5% patch # 30 with three refills is not supported as medically necessary. The records indicate that the injured worker is status post lumbar laminectomy at L4/5 with benefit. She is noted to be improved and being weaned from opiate medications. She is participating in a home program. A clinical note dated 08/18/14 notes no neurological deficits. The record does not document a failure of antidepressants or AED prior to the recommendation for Lidoderm patches. As such the request does not meet criteria per California Medical Treatment Utilization Schedule and medical necessity is not established.