

<b>Case Number:</b>	CM14-0124669		
<b>Date Assigned:</b>	08/11/2014	<b>Date of Injury:</b>	05/30/2002
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	07/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/07/2014

### 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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain, depression, and anxiety disorder reportedly associated with an industrial injury of May 30, 2002. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; opioid therapy; earlier lumbar laminectomy; and topical agents. In a Utilization Review Report dated July 14, 2014, the claims administrator denied a request for topical Lidoderm patches. The applicant's attorney subsequently appealed. In an August 26, 2013 progress note, the applicant reported persistent complaints of low back pain with associated anxiety and depression. The applicant was quite tearful, it was stated. The applicant had issues with opioid dependence, it was acknowledged, and was status post a failed fusion surgery and failed intrathecal pain pump. Nucynta, Oxyfast, Senna, Zanaflex, and Lidoderm patches were endorsed. On June 30, 2014, the applicant was again given refills of Nucynta, Oxyfast, Senna, Zanaflex, Lidoderm patches, Wellbutrin, Remeron, and Nuvigil. The applicant stated that she had persistent complaints of pain, remained depressed, and needed counseling. The applicant was given multiple medication renewals.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm (Lidocaine Patch 5%) x 30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16, 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 12th Edition (web), 2014: Mental Illness & Stress

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL LIDOCAINE Page(s): 112.

**Decision rationale:** The request for Lidoderm patches is not medically necessary, medically appropriate, or indicated here. While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does support provision of topical lidocaine in the treatment of localized peripheral pain or neuropathic pain in applicants in whom there has been a trial of first-line therapy with antidepressants and/or anticonvulsants, in this case, however, the applicant's ongoing usage of Wellbutrin and Remeron, antidepressant adjuvant medications, effectively obviates the need for the Lidoderm patches at issue. It is further noted that the applicant has been on Lidoderm for what appears to be a span of several months to several years, despite the tepid-to-unfavorable MTUS position on the same. The applicant has clearly failed to demonstrate any lasting benefit or functional improvement despite ongoing usage of Lidoderm patches. The applicant remains off of work. The applicant remains highly reliant and highly dependent on numerous opioid agents, including Nucynta, Oxyfast, etc. Ongoing usage of Lidoderm patches, thus, has failed to demonstrate any functional improvement as defined in MTUS 9792.20f. Accordingly, the request is not medically necessary.