

<b>Case Number:</b>	CM14-0128972		
<b>Date Assigned:</b>	08/29/2014	<b>Date of Injury:</b>	03/18/1982
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	07/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/13/2014

### 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 Physical Medicine and Rehabilitation 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 patient is a 55-year-old male who has submitted a claim for congenital stenosis and quadriplegia associated with an industrial injury date of 03/18/1982. Medical records from 01/21/2014 to 07/08/2014 were reviewed and showed that patient complained of pain on left side of body with burning. Physical examination revealed decreased sensation of left upper extremity with intact motor strength, mild swelling of quadriceps, hypesthesia along left L4-S1 dermatomal distribution, and sustained clonus of left lower extremity. Treatment to date has included intrathecal Baclofen pump, Diazepam, Docosahexanoic Acid/EPA, Docusate Sodium, Doxazosin, Hydrocodone, and Lidoderm patch 5% (prescribed 06/18/2014). There was no documentation of tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica trial.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm Patch 5% #60 w/2 Refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine Patch) Page(s): 56.

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

**Decision rationale:** As stated on page 56-57 of the California MTUS Chronic Pain Medical Treatment Guidelines, lidoderm patch is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). In this case, the patient was prescribed Lidoderm patch 5% since 06/18/2014 for neuropathic pain. However, there was no documentation of tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica trial as required by the guidelines prior to Lidoderm patch use. Adjuvant therapy with lidocaine patch has not been established. Therefore, the request for Lidoderm Patch 5% #60 w/2 Refills is not medically necessary.