

<b>Case Number:</b>	CM14-0138484		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	05/22/2010
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	08/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2014

### 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 Nevada. 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 records, presented for review, indicate that this 62-year-old individual was reportedly injured on 5/22/2010. The mechanism of injury was noted as an assault while working as a psychiatric technician. The most recent progress note, dated 12/31/2013, indicated that there were ongoing complaints of chronic neck and low back pains. The physical examination revealed the patient had an unremarkable gait with no antalgia or spasticity. Cervical spine had decreased range of motion. Upper extremity muscle strength was 5/5. Sensory exam was unremarkable. Reflexes were 2+. No recent diagnostic studies are available for review. Previous treatment included physical therapy, injections, medications, and conservative treatment. A request had been made for Lido RX 30 mL and was not certified in the pre-authorization process on 8/14/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lido Rx. 30ml. 60 qty, QTY:1.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Topical Analgesics Page(s): 56-57, 112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 56 OF 127.

**Decision rationale:** MTUS guidelines support the use of topical lidocaine for individuals with neuropathic pain that have failed treatment with first-line therapy including antidepressants or anti-epilepsy medications. Based on the clinical documentation provided, there is no documentation of failure first-line treatment in the records provided. As such, the request is considered not medically necessary.