

<b>Case Number:</b>	CM14-0138700		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	06/14/2005
<b>Decision Date:</b>	10/31/2014	<b>UR Denial Date:</b>	08/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2014

### 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 Pain Management, 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 sustained an injury on June 14, 2005. She is diagnosed with (a) lumbar spine sprain/strain with bilateral lower extremity radiculopathy, (b) cervical spine sprain/strain with bilateral upper extremity radiculopathy, (c) psyche complaints, and (d) internal medicine complaints. She was evaluated on May 16, 2014. She complained of continued neck pain, which was constant and moderate to severe in intensity. The pain was rated 8-9/10 and was associated with right greater than left radicular symptoms and daily and constant headaches. Neck pain increased with upward, downward, and rotational movements. She also complained of low back pain with bilateral lower extremity radiculopathy symptomatology. Low back pain increased with lifting, bending, stooping, sitting for more than 10 to 15 minutes, and weight bearing for more than 5 minutes. Examination of the cervical spine revealed tenderness over the bilateral suboccipital, paravertebral, and trapezial areas with hypertonicity and spasms. Muscle guarding was present. Range of motion was limited. Sensation was decreased bilaterally primarily at the C6-C7 dermatomes. Examination of the lumbar spine revealed tenderness over the lumbosacral junction and bilateral paravertebral muscles with hypertonicity and muscular spasms. Straight leg raising test was positive bilaterally and elicited increased low back pain. Kemp's test was positive bilaterally as well. Range of motion was limited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm Patch 5%:** Upheld

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

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

**Decision rationale:** The request for Lidoderm patch is not medically necessary at this time. Medical records failed to establish the necessity of this medication. There was no documentation of objective functional improvement derived from this medication to warrant continued use. More so, guidelines stated that use of Lidoderm patch is Food and Drug Administration approved only for cases of post herpetic neuralgia, which the injured worker does not appear to have. Hence, the request for Lidoderm patch 5% is not medically necessary at this time.