

<b>Case Number:</b>	CM14-0156392		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	01/30/2010
<b>Decision Date:</b>	10/29/2014	<b>UR Denial Date:</b>	09/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2014

### 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 Florida. 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 31-year-old female who reported an injury on 01/30/2010. The mechanism of injury was not included. The diagnoses included chronic low back pain, anxiety and panic attacks, and GI complaints. Past treatments included physical therapy, medications, and back surgery. The progress note, dated 08/19/2014, noted the injured worker complained of persistent symptoms. The objective findings included tenderness to the lumbar paraspinal muscles, flexion to 80 degrees, extension to 20 degrees, right and left bending to 20 degrees, motor strength 5/5, and no muscle atrophy. The medications were not listed. The treatment plan requested to transfer care to pain management, refill alprazolam 1 mg for anxiety, Lidoderm 5% patch 2 patches daily as needed for pain, tramadol 50 mg 5 times a day as needed for severe pain, alprazolam 2 mg every morning and night as needed for anxiety, trazodone 100 mg every night, and Lortab 325 mg twice a day. The Request for Authorization form was submitted for review on 08/22/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidocaine 5% 700mg #60:** Upheld

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

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

**Decision rationale:** The injured worker had unspecified symptoms, with tenderness to the lumbar paraspinal muscles. The California MTUS Guidelines recommend Lidoderm patches as the only approved form of topical lidocaine, for neuropathic pain with localized peripheral pain after documented evidence of failure of first line therapy (tricyclic, SNRI antidepressants, or an AED such as gabapentin or Lyrica), and is not recommended for non-neuropathic pain. There is a lack of evidence that the injured worker has been intolerant to or has not responded to prior treatments. There is a lack of evidence of failure of first line medications. The location and frequency intended for use is not included to determine medical necessity. There is a lack of evidence of neuropathic pain. The injured worker has been prescribed Lidoderm patches since as early as 03/19/2014. There is no documentation of the efficacy of the medication. Given the previous, the continued use of Lidoderm is not indicated or supported at this time. The request for lidocaine 5% 700 mg #60 is not medically necessary.