

<b>Case Number:</b>	CM14-0162655		
<b>Date Assigned:</b>	10/07/2014	<b>Date of Injury:</b>	03/15/2010
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	09/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/03/2014

### 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:

This 49 year-old Accounting Assistant sustained an injury to the low back and left hip on 3/15/10 from picking up a box of quarters while employed by [REDACTED]. Request(s) under consideration include Lidoderm 5% topical film #90. The patient is s/p decompressive lumbar laminectomy at left L5-S1 on 11/16/10 with post-operative aquatic therapy. Conservative cares over the years has included medications, therapy, TENS, acupuncture, trigger point injections, and modified activities/rest. Report of 9/4/14 from the provider noted the patient with ongoing chronic shooting low back pain increasing from activities of getting up from a couch. Baclofen was discontinued due to side effects and the patient is taking Flexeril. Other medications list Celebrex, Cogentin, Depakote, Estradiol, Levothyroid, Lidoderm patch, Metformin, Multivitamin. The patient is also prescribed Valium by another provider. Exam showed parin in lower part of right side of back with radiation to mid-thigh posteriorly; non-focal neurological exam. Diagnoses included lumbar spondylosis and myofascial pain syndrome. The request(s) for Lidoderm 5% topical film #90 was non-certified on 9/12/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm 5% topical film #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Patches Page(s): 60/134.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medications, Pages 111- 113 Page(s): 111- 113.

**Decision rationale:** The patient exhibits diffuse tenderness and pain on the exam to the spine with radiating symptoms into the extremity. The chance of any type of patch improving generalized symptoms and functionality significantly with such diffuse pain is very unlikely. Topical Lidoderm patch is indicated for post-herpetic neuralgia, according to the manufacturer. There is no evidence in any of the medical records that this patient has a neuropathic source for the diffuse pain. Without documentation of clear localized, peripheral pain to support treatment with Lidoderm along with functional benefit from treatment already rendered, medical necessity has not been established. There is no documentation of intolerance to oral medication as the patient is also on multiple other oral analgesics. Lidoderm 5% topical film #90 is not medically necessary and appropriate.