

<b>Case Number:</b>	CM14-0162808		
<b>Date Assigned:</b>	10/08/2014	<b>Date of Injury:</b>	12/04/2001
<b>Decision Date:</b>	11/07/2014	<b>UR Denial Date:</b>	09/26/2014
<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, has a subspecialty in Interventional Spine 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 47 year-old female with the date of injury of 12/04/2001. The patient presents with pain in her lower back. The patient denies have radiating symptoms in her legs. The patient rates her pain as 3-9/10 on the pain scale, aggravated by her activities and relieved by changing positions, medications or heat. There is tenderness over the lower lumbar paraspinal muscles. Examination reveals negative straight leg raising. According to [REDACTED] report on 08/04/2014, diagnostic impressions are: 1) Chronic low back pain 2) Lumbar dis disease, s/p fusion at L3-4, L4-5, and L5-S13) Failed back syndrome 4) Lumbar degenerative disc disease 5) Chronic pain syndrome The utilization review determination being challenged is dated on 09/26/2014. [REDACTED] is the requesting provider, and she provided treatment reports from 01/14/2014 to 09/03/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LIDODERM PATCHES 5% #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines lidoderm patchestopical creamsTopical Analgesics Page(s): 56, 57, 111, 112.

**Decision rationale:** The patient presents chronic low back pain without radicular symptoms in her legs. The request is for Lidoderm patches 5% #50. California Medical Treatment Utilization Schedule (MTUS) guidelines page 57 states, "topical lidocaine may be recommended for localized perioheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an antiepileptic drugs (AED) such as gabapentin or Lyrica)." Page 112 also states, "Lidocaine indication: neuropathic pain. Recommended for localized peripheral pain." When reading Official Disability Guidelines (ODG) guidelines, it specifies that Lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documented for pain and function. The utilization review letter on 09/26/2014 indicates that the patient has used Lidoderm patch since at least 07/07/2014. The treater's reports do not contain information of how the patient responded to lidoderm patch, or the evidence of "localized pain that is consistent with neuropathic etiology." Treatment is not medically necessary and appropriate.