

<b>Case Number:</b>	CM14-0168222		
<b>Date Assigned:</b>	10/15/2014	<b>Date of Injury:</b>	02/28/2008
<b>Decision Date:</b>	11/18/2014	<b>UR Denial Date:</b>	09/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2014

### 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 Occupational Medicine, and is licensed to practice in Texas. 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 60 year old male with a date of injury on 2/28/2008. The notes from 9/14 indicate back pain, knee pain and ankle pain. The injured worker had bilateral knee replacements which were associated with complications, and the injured worker stated he had no improvement after those surgeries. The injured worker has ongoing back and radicular leg pain. Recent magnetic resonance imaging (MRI) had shown some disc disease which led to left L4 nerve root contact. The injured worker had had multiple epidural injections which helped for some months, but the injured worker was also taking Oxycontin 10 mg up to 5 times per day. An exam of the back noted some decrease in lumbar spine range of motion with left knee motor slightly weak. Otherwise, there were no focal findings of note. Lidoderm was requested. He was also prescribed Lyrica. There is a 10/14 note in which the injured worker notes pain radiating from the back to the right knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm 5% patches, QTY: 90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine Patch).

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

**Decision rationale:** The injured worker has some ongoing radicular pain, notably pain in the back radiating to the right knee. The injured worker also had pathology noted on the lumbar magnetic resonance imaging (MRI) leading to nerve root involvement and encroachment. A request was made for Lidoderm. However, it is not clear that this drug is necessary at this time. First, as was noted by the prior reviewer, the injured worker had recently been prescribed Lyrica, often used for radicular pain, at the 9/14 office visit, at a low dose. It is not clear what response the injured worker had to this drug, but it can be increased in dosage to treat radicular complaints. Next, the injured worker reportedly has excellent response to prior epidural injections, which the treating physician is discussing pursuing at this time, which, expectantly, would also help with his radicular complaints, as well. Therefore, it does not appear that all lower level of treatment has been exhausted and hence the need for the Lidoderm is premature and the request is not medically necessary.