

<b>Case Number:</b>	CM14-0169931		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	08/23/2009
<b>Decision Date:</b>	12/15/2014	<b>UR Denial Date:</b>	10/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2014

### 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 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 is a 69-year-old male with an 8/23/09 date of injury. He was seen on 09/26/14 with complaints of low back pain with numbness and tingling in the left lower extremity, 5-6/10. The patient was noted to have decreased depression and pain on the Cymbalta. Exam findings revealed muscle aches, and weakness. No exam was recorded. The diagnosis is L4/5 disc protrusion with discogenic sciatica. The patient was prescribed Celebrex, Cymbalta, Lidoderm patches, SOMA, and Ultracet for pain. He is also noted to have a medial marijuana card. AN exam dated 9/11/14 revealed normal posture and a slow gait. Treatment to date: medications (including Cymbalta), PT, HEP, chiropractic therapy and psychotherapy. The UR decision dated 10/09/14 denied the request, as there was no documentation of localized low back pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm DIS 5%:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** CA MTUS states that topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). There is no clear recent documentation of a clinical exam in this patient of his back, or any specifics on localized pain on exam. The patient is currently on Cymbalta, which has reduced his pain. This is a first line agent. There is insufficient information in the documentation provided that reveals any significant pain improvement with the Lidoderm patches, or what the rationale for the request is. In addition no quantity was specified. Therefore, the request for Lidoderm patches was not medically necessary.