

<b>Case Number:</b>	CM14-0183500		
<b>Date Assigned:</b>	11/10/2014	<b>Date of Injury:</b>	04/03/2008
<b>Decision Date:</b>	12/26/2014	<b>UR Denial Date:</b>	10/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2014

### 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 62 year old male with date of injury 4/3/08. The treating physician report dated 9/30/14 indicates that the patient presents with severe flaring of axial back pain. The physical examination findings reveal guarded movements, limited mobility, marked tenderness left paraspinal region, normal motor and normal flexion and extension. MRI findings dated 4/13/11 reveal L3/4 disc bulge with impingement of left L3 nerve root, multilevel degenerative changes and 3mm bulge at L5/S1. The current diagnoses are: 1. Chronic pain 2. Degen lumbar disc 3. Lumbar facet arthropathy The utilization review report dated 10/7/14 denied the request for Lidoderm patches 5%, #60 based on the MTUS guidelines.

### 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 Lidoderm (lidocaine patch).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines lidoderm patches; topical creams; Topical Analgesics Page(s): 56,57,111-112.

**Decision rationale:** The patient presents with chronic lower back pain with recent exacerbation reported. The current request is for Lidoderm Patches 5%, #60. The treating physician report dated 9/30/14 states, "Refill: Voltaren XR, Cyclobenzaprine, and Lidoderm Patches." In reviewing the reports provided the patient has been prescribed Lidoderm Patches since he received his first prescription for Lidoderm Patches on 8/4/14. MTUS guidelines page 57 states, "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 (serotonin-norepinephrine reuptake inhibitor) anti-depressants or an AED (antiepilepsy drug) such as gabapentin or Lyrica)." The MTUS guidelines state that Lidoderm patches may be recommended for neuropathic pain when trials of antidepressants and anti-convulsants have failed. MTUS also states on page 60 that, "A record of pain and function with the medication should be recorded." The treater in this case has no documentation of the effects of this medication as recommended on page 60 of MTUS, there is no documentation of neuropathic pain and there is no discussion regarding a trial of Gabapentin or Lyrica. The request is not medically necessary.