

<b>Case Number:</b>	CM14-0091084		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	03/10/2009
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	05/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2014

### 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 & 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 female with the date of injury of 03/10/2009. The patient presents with pain in her neck, shoulders and lower back. Her neck pain radiates up her head and causes headaches. Her lower back pain radiates down her lower extremities with tingling or numbing sensations. The patient is currently taking Pristiq, Celebrex, Lamictal, Lidoderm patch, Nuvigil. According to [REDACTED] report on 05/05/2014, diagnostic impressions are: 1) Chronic pain. 2) Headaches due to cervical strain. 3) Lumbar strain with radicular symptoms. 4) Shoulder strain, bilaterally. 5) Elbow strain, bilaterally. 6) Emotional distress due to chronic pain, with depression, anxiety, and loss of sleep, and intermittent suicidal ideation, partly controlled Lamictal, Pristiq and Nuvigil. The utilization review determination being challenged is dated on 05/14/2014. [REDACTED] is the requesting provider, and he provided treatment reports on 12/19/2013 to 07/07/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm patches #60.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medial Treatment Guidelines: Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56, 57, 112.

**Decision rationale:** The patient presents pain and weakness in her neck, shoulders and lower back. The request is for Lidoderm patches #60. 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 serotonin-norepinephrine reuptake inhibitors (SNRI) antidepressants or an AED such as Gabapentin or Lyrica)." Page 112 also states, "Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain." When reading 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. This patient, while the three are diagnoses of pain in neck, shoulders and low back, there is no evidence of "localized pain that is consistent with neuropathic etiology." Therefore the request for Lidoderm patches #60 is not medically necessary and appropriate.