

<b>Case Number:</b>	CM14-0096387		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	08/30/2013
<b>Decision Date:</b>	10/06/2014	<b>UR Denial Date:</b>	06/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/24/2014

### 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 Family 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:

The injured worker is a 31 year old female who was reported to have sustained injuries to her neck and low back while moving a patient on 08/30/13. Treatment to date has included oral medications, physical therapy visits, transcutaneous electrical nerve stimulation, back brace, and Toradol injection. MRI of the cervical spine dated 11/14/13 notes a loss of cervical lordosis with a mild broad based disc bulge with a right central component at C5 to C6, at C4 to 5 and C6 to C7, minimal bulges with no spinal canal neural foraminal narrowing. MRI of the lumbar spine dated 11/14/13 notes minimal spinal canal narrowing with a minimal left neural foraminal narrowing at L4 to L5. At L5 to S1, there is a mild annular bulge with no spinal canal neural foraminal narrowing. The records indicate that the injured worker has complaints of constant, severe pain in the neck radiating to the right shoulder. She further reports back pain radiating to the right leg down to the right foot. Per physical examination dated 06/06/14 there is tenderness in the low back and right side of the neck. She was subsequently prescribed Lidoderm patches. The record contains a utilization review determination dated 06/18/14 in which a request for Lidoderm patch quantity thirty was deemed not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm Patch #30 Prescribed on 06/06/2014:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

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

**Decision rationale:** The request for Lidoderm patch quantity thirty is not supported as medically necessary. The submitted clinical records indicate that the injured worker sustained cervical and lumbar myofascial strain injuries. The record does not provide any objective data which establishes the presence of neuropathic pain. Further per California Medical Treatment Utilization Schedule (MTUS) topical analgesics can be considered for neuropathic pain when trials of antidepressants, anticonvulsants, or antiepileptic drugs have failed to ameliorate the injured worker's pain. As there is no evidence of neuropathic pain on physical examination noting the lack of a trial of other medications, the request for Lidoderm patch quantity thirty is not supported under California Medical Treatment Utilization Schedule (MTUS). The request is not medically necessary.