

<b>Case Number:</b>	CM14-0195399		
<b>Date Assigned:</b>	12/02/2014	<b>Date of Injury:</b>	12/20/2010
<b>Decision Date:</b>	01/20/2015	<b>UR Denial Date:</b>	11/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/20/2014

### 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 Pain 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 patient with the date of injury of December 20, 2010. A utilization review determination dated November 10, 2014 recommends noncertification of Lidoderm. A progress report dated June 5, 2014 identifies subjective complaints of left hip pain and left groin pain. She uses Norco on a limited basis. The note indicates that the patient has used Lidoderm previously. It appears that Lidoderm reduces the patient's pain from 6/10 to 4/10. Additionally, the patient has numbness and tingling primarily in the right lower extremity. Physical examination findings revealed restricted range of motion in the lumbar spine with pain over the left greater trochanter. Left hip range of motion is also significantly reduced. There is decreased strength in the left hip musculature. Diagnoses included degenerative joint disease of the left hip, lumbar spinal stenosis and radiculopathy, carpal tunnel syndrome, acute renal failure with pancreatitis, sensitivity to opiates, needle phobia, hypertension, depression, and pilot vital system. The treatment plan states that she has limited options with medications. A prescription is provided for Norco and Lidoderm patch. The recommendation is to "apply to area with neuropathic pain."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm 5% Topical Film #60 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines, Topical Analgesics, Lidoderm (Lidocaine Patch)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 112.

**Decision rationale:** Regarding request for topical lidoderm, Chronic Pain Medical Treatment Guidelines recommend the use of topical lidocaine for localized peripheral pain after there has been evidence of a trial of the 1st line therapy such as tri-cyclic antidepressants, SNRIs, or antiepileptic drugs. Within the documentation available for review, there is no indication that the patient has failed first-line therapy recommendations. Additionally, there is no documentation of functional improvement as a result of the currently prescribed Lidoderm. As such, the currently requested lidoderm is not medically necessary.