MAXIMUS Federal Services

| Case Number: | CM14-0211987 | | |
|---|---|---|---|
| Date Assigned: | 01/02/2015 | Date of Injury: | 05/18/2013 |
| Decision Date: | 02/25/2015 | UR Denial Date: | 11/25/2014 |
| Priority: | Standard | Application Received: | 12/18/2014 |

## 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: New Jersey, Michigan, California
Certification(s)/Specialty: Neurology, Neuromuscular Medicine

## 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 36-year-old woman who sustained a work-related injury on May 18, 2013. Subsequently, the patient developed chronic low back and leg pain. According to the progress report dated October 16, 2014, the patient continued to have pain in her left hip and left leg. She had left lower back pain as well. She was not working. Physical examination revealed anteflexion of the trunk on the pelvis allowed for 45 degrees of flexion, extension was 10 degrees. Rotation to the left was 20 degrees and to the right 20 degrees. Lateral flexion to the left was 10 degrees, to the right was 10 degrees. There was left paralumbar tenderness at L2 to L4 with left sacroiliac with no inguinal or trochanteric tenderness. The patient was diagnosed with chronic lumbar back pain with sacroiliac component to her back pain per MRI from late 2013, chronic left leg radicular symptoms, and morbid obesity. The provider requested authorization for Lidoderm patches.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm Patches (#90 with 3 refills):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patches), Topical Analgesics Page(s): 56-57, 1.

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

**Decision rationale:** According to MTUS guidelines, Lidoderm is the brand name for a lidocaine patch produced by Endo Pharmaceuticals. 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. In this case, there is no documentation that the patient developed neuropathic pain that did not respond to first line therapy and the need for Lidoderm patch is unclear. There is no documentation of efficacy of previous use of Lidoderm patch. Therefore, the prescription of Lidoderm patches #90 with 3 refills is not medically necessary.