

<b>Case Number:</b>	CM14-0212536		
<b>Date Assigned:</b>	01/02/2015	<b>Date of Injury:</b>	03/28/2012
<b>Decision Date:</b>	02/23/2015	<b>UR Denial Date:</b>	12/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabn, Pain Management

### 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 40-year-old male who reported an injury on 03/28/2012. The mechanism of injury was not specified. His diagnoses include lumbago, unspecified myalgia and myositis, chronic pain syndrome, and postlaminectomy syndrome of the lumbar region. His past treatments include narcotic medication, anti-inflammatory medication, modified activities, and acupuncture. The diagnostic studies were not provided within the documentation. His surgical history includes a bilateral lumbar discectomy in 09/2013. During a follow-up visit on 12/09/2014, the injured worker presented with ongoing chronic low back pain of 4/10, with pain greater to the left side than the right side. The injured worker also reported left lower extremity numbness, low back stiffness with spasm, and ambulated with a straight cane during distances greater than 1 city block. The physical examination revealed a left antalgic gait and a forward flexed body posture. His medications included a Lidoderm 5% adhesive patch to be applied to the affected area 12 hours on and 12 hours off. The treatment plan included a prescription refill of Lidoderm 5% adhesive patch (quantity 30) with 3 refills. A rationale for the request was not provided within the documentation. A Request for Authorization form was submitted for review on 12/10/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm 5% Qty 30 with 3 refills:** 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 (lidocaine patch) Page(s): 56-57.

**Decision rationale:** According to the California MTUS Guidelines, topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first line therapy of antidepressants or antiepilepsy drugs. The clinical documentation indicates the injured worker has chronic ongoing low back pain. However, there was no evidence of objective functional improvement and objective pain relief with the use of the Lidoderm patch. Moreover, there was insufficient documentation of a failed response to antidepressants or anti-epilepsy drugs. Furthermore, the request for 3 refills would not be indicated, as it would not allow for adequate reassessment for medication efficacy prior to providing ongoing medication treatment. Therefore, the request for Lidoderm 5% Quantity 30 with 3 refills is not medically necessary.