

<b>Case Number:</b>	CM14-0216682		
<b>Date Assigned:</b>	01/06/2015	<b>Date of Injury:</b>	10/10/2002
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	12/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/26/2014

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 46 year old female with a work related injury dated 10/10/2002. According to a follow up evaluation report dated 08/19/2014, the injured worker presented with complaints of low back pain. Diagnoses included lumbar disc disease and lumbar facet syndrome. No treatments noted in received medical records. Diagnostic testing included MRI of the lumbar spine on 06/25/2014 which revealed spasm, desiccated disc at L2-L3 disc level, diffuse disc bulge of 2-3mm at L2-L3, L3-L4, L4-L5, and L5-S1 disc levels, and subcutaneous edema posterior to the L1 and L2 vertebral bodies. Work status is noted as modified work which includes no lifting over 40 pounds. On 12/15/2014, Utilization Review denied the request for Carisoprodol Tab 350mg, Day Supply: 30, Qty: 60, Refills: 00 and Lidocaine Pad 5%, Day Supply: 30, Qty: 30, Refills: 00 citing California Medical Treatment Utilization Schedule. The Utilization Review physician stated that guideline criteria have not been met as there is no documentation of a maintained increase in function or decrease in pain or spasm with the use of carisoprodol. In addition, there has not been recent provided evidence of screening exams for misuse having been performed with a demonstrated low risk for misuse with evidence that use resulted in a decrease in VAS pain scores and improved and measurable tolerance to specified activities. Regarding the Lidocaine pad, there is no documentation of a trial and failure of first line medications, no documentation noting testing for neuropathic pain such as the neuropathic pain scale, or number of patches being requested as well as duration for use. Therefore, the Utilization Review decision was appealed for an Independent Medical Review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidocaine pad 5% #30:** Upheld

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

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

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines, pages 56-57 for Lidoderm (lidocaine patch) state "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 or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia."The earliest record provided for review is 5/8/14. None of the records document trial or failure of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). The use of Lidocaine patches without documented trial of first line therapy is not in accordance with MTUS guidelines. The request for Lidocaine pad 5% #30 is not medically necessary.