

<b>Case Number:</b>	CM15-0005498		
<b>Date Assigned:</b>	01/16/2015	<b>Date of Injury:</b>	01/06/1995
<b>Decision Date:</b>	07/17/2015	<b>UR Denial Date:</b>	12/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/12/2015

### 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: Emergency 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:

This 62 year old female sustained an industrial injury on 1/6/95. She subsequently reported back pain. Diagnoses include lumbar postlaminectomy syndrome, spinal stenosis of lumbar region and lumbago. Treatments to date include x-ray and MRI testing, surgery, physical therapy and prescription pain medications. The injured worker continues to experience low back pain with radiation to the bilateral lower extremities. Upon examination, there was tenderness to palpation in the lumbar spine/ paraspinals, sacroiliac joint and left facet joint. Range of motion in the back was decreased due to pain. The injured worker requires a cane to ambulate. A request for Lidoderm patches was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm patches 5% (700mg/patch) #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Page(s): 111-113.

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

**Decision rationale:** The requested Lidoderm patches 5% (700mg/patch) #30 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Lidoderm, Pages 56-57, note that "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)". It is not considered first-line therapy and only FDA approved for post-herpetic neuralgia. The injured worker has low back pain with radiation to the bilateral lower extremities. Upon examination, there was tenderness to palpation in the lumbar spine/paraspinals, sacroiliac joint and left facet joint. Range of motion in the back was decreased due to pain. The treating physician has not documented neuropathic pain symptoms, physical exam findings indicative of radiculopathy, failed first-line therapy or documented objective evidence of functional improvement from the previous use of this topical agent. The criteria noted above not having been met, Lidoderm patches 5% (700mg/patch) #30 is not medically necessary.