

<b>Case Number:</b>	CM15-0103776		
<b>Date Assigned:</b>	06/08/2015	<b>Date of Injury:</b>	10/15/2014
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	05/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2015

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 47 year old female who sustained an industrial injury on 10/15/2014. Current diagnoses include herniated nucleus propulsus with spinal stenosis L4-5 and L5-S1 and lumbar spine strain. Previous treatments included medications, physical therapy, and acupuncture. Previous diagnostic studies include urine drug screening, x-rays, and MRI. Initial injuries occurred to the back when the worker twisted while driving. Report dated 05/06/2015 noted that the injured worker presented with complaints that included low back pain and bilateral numbness and tingling. Pain level was not included. Physical examination was positive for straight leg raises bilaterally, and decreased sensation bilateral L5-S1. The treatment plan included prescribing medications for pain and spasms, recommendation for a lumbar epidural steroid injection, and chiropractic treatment. Disputed treatments include Lidoderm patches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm 5% Patch #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111.

**Decision rationale:** This 47 year old female has complained of low back pain since date of injury 10/15/14. She has been treated with acupuncture, physical therapy and medications. The current request is for Lidoderm patches. Per the MTUS guidelines cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anti-convulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, the request for Lidoderm patches is not medically necessary.