

<b>Case Number:</b>	CM15-0106540		
<b>Date Assigned:</b>	06/10/2015	<b>Date of Injury:</b>	04/14/2014
<b>Decision Date:</b>	07/21/2015	<b>UR Denial Date:</b>	05/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2015

### 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:

The injured worker is a 41 year old male, who sustained an industrial/work injury on 4/14/14. He reported initial complaints of low back pain. The injured worker was diagnosed as having bilateral lower extremity radiculopathy, chronic pain syndrome, neuritis, and cervical sprain. Treatment to date has included medication, physical therapy and transcutaneous electrical nerve stimulation (TENS) unit, psychological follow up. MRI results were reported on 9/26/14. Electromyography and nerve conduction velocity test (EMG/NCV) was performed on 2/23/15. Currently, the injured worker complains of constant burning sensation to low back, feels tense then pops and worse with activity with occasional radiation to bilateral lower extremities (L>R), with weakness/tightness to bilateral feet and occasional numbness and tingling in the left thigh. The neck has intermittent pain (L>R), feels tense, pop. The wrist has intermittent pain, numbness, occasional tingling, worse at night, occasionally radiates to armpits bilaterally to sides. Per the primary physician's progress report (PR-2) on 5/1/15, no objective findings were documented. Reports of MRI and EMG were done. The requested treatments include Lidoderm patch 5%.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm dis 5% #30 for 30 days: Upheld**

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

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

**Decision rationale:** The requested Lidoderm dis 5% #30 for 30 days, 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 constant burning sensation to low back, feels tense then pops and worse with activity with occasional radiation to bilateral lower extremities (L>R), with weakness/tightness to bilateral feet and occasional numbness and tingling in the left thigh. The neck has intermittent pain (L>R), feels tense, pop. The wrist has intermittent pain, numbness, occasional tingling, worse at night, occasionally radiates to armpits bilaterally to sides. 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 dis 5% #30 for 30 days is not medically necessary.