

<b>Case Number:</b>	CM15-0110818		
<b>Date Assigned:</b>	06/17/2015	<b>Date of Injury:</b>	09/06/2001
<b>Decision Date:</b>	07/21/2015	<b>UR Denial Date:</b>	05/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2015

### 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: Preventive Medicine, Occupational 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 55-year-old male with an industrial injury dated 11/06/2001 resulting in an injury to his back. Diagnoses included lumbar degenerative disc, degenerative joint disease of the knee and lumbago. Prior treatment included Racz procedure (no benefit), epidural injection (transient benefit), and medications. He presents on 04/07/2015 for follow up of lower back pain. Medications at the time of this note were Aleve, Meloxicam and Duloxetine. In the past Lidoderm was helpful. He reported low back pain with the worst as 7-8/10 in last month, least pain mild 3-4/10 with an average pain moderate 5-6/10 in the last month. The provider documents pain interferes with general activities, mood, walking, normal work and sleep. Physical exam noted tenderness across lower lumbar areas. Range of motion was "OK". Right knee exam revealed range of motion "OK" with degenerative joint disease changes with popliteal swelling consistent with a Baker's cyst. Treatment plan consisted of Aleve or Mobic, Cymbalta, continue current exercise program and Lidoderm patches. The request is for Lidoderm patches # 60 with 3 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm patches #60 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Topical Analgesics.

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

**Decision rationale:** Lidoderm is a lidocaine patch providing topical lidocaine. The MTUS Guidelines recommend the use of topical lidocaine primarily for neuropathic pain when trials of antidepressants and anti-convulsants have failed. There is no clear evidence in the clinical reports that this injured worker has neuropathic pain that has failed treatment with trials of antidepressants and anti-convulsants. This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. The request for Lidoderm patches #60 with 3 refills is not medically necessary.