

<b>Case Number:</b>	CM15-0114249		
<b>Date Assigned:</b>	06/22/2015	<b>Date of Injury:</b>	04/14/2012
<b>Decision Date:</b>	07/23/2015	<b>UR Denial Date:</b>	06/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2015

### 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: New York, West Virginia, Pennsylvania  
 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 60 year old female who sustained an industrial injury on 04/14/2012. Mechanism of injury was continuous trauma type injury. Diagnoses include cervical disc displacement, cervical radiculopathy, C5-6 disc bulge, lumbar radiculopathy and L4-5 disc bulge with stenosis. The injured worker is also a diabetic. Treatment to date has included diagnostic studies, medications, epidural steroid injections, trigger point injections and a home exercise program. A physician progress note dated 04/21/2015 documents the injured worker complains of chronic cervical radiculopathy. She had a rear-end motor vehicle accident which caused an exacerbation. Now she is with neck pain that radiates down her right arm. She also has low back pain that radiates to her bilateral legs. She has poor sleep secondary to pain. Robaxin upset her stomach and injured worker was instructed to try ½ at a time with food. Sensation is decreased in the right arm in C6 distribution and she has poor grip. An unofficial Magnetic Resonance Imaging of the cervical spine done on 04/01/2013 revealed C5-6 herniated nucleus pulpous. Regarding her lumbar spine she cannot heel-toe walk, and there is decreased right FHL; sensation is decreased in the right posterior thigh. An unofficial Magnetic Resonance Imaging of the lumbar spine done on 10/05/2012 revealed L4-5 herniated nucleus pulpous. Cervical and lumbar range of motion is decreased. The treatment plan includes Biofreeze gel (tube) quantity 1, Epidural Steroid Injection L4-5 under fluoroscopic guidance, Robaxin 500mg quantity 60, continuation of home exercise program and follows up in 4 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm 5% patches quantity 90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 56-57.

**Decision rationale:** Guidelines state that Lidocaine patch may be recommended for localized peripheral pain after first line therapy with anti-depressants and anti-convulsants has failed. In this case, there is insufficient documentation of radiculopathy or documentation of failed first line therapy. The request for lidocaine patch 5% #90 is not medically appropriate and necessary.