

<b>Case Number:</b>	CM15-0118563		
<b>Date Assigned:</b>	06/26/2015	<b>Date of Injury:</b>	03/01/2013
<b>Decision Date:</b>	08/31/2015	<b>UR Denial Date:</b>	05/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2015

### 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

Certification(s)/Specialty: Pediatrics, Internal 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 52 year old male, who sustained an industrial injury on March 1, 2013. He reported right hip, right ankle, right leg and low back pain. The injured worker was diagnosed as having lumbar disc disorder, lumbar radiculitis and status post lumbar surgery. Treatment to date has included diagnostic studies, lumbar surgical intervention, conservative care, medications and cork restrictions. Currently, the injured worker complains of continued low back pain with pain radiating into the right buttock and right lower extremity and associated depression, anxiety and sleep disturbances. The injured worker reported an industrial injury in 2013, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. Evaluation on November 5, 2014, revealed well-healed surgical incisions on the lumbar back. Physical therapy was recommended. Evaluation on April 15, 2015, revealed continued pain as noted. He reported stabbing pain in the right buttock after sitting for long periods of time. It was noted however that he was doing well status post lumbar spine surgery. Lumbar spine examination revealed decreased range of motion. Motor strengths and reflexes of the lower extremity were noted within normal limits. It was noted he had been in severe pain chronically for over 90 days and would need a pain management specialist. A spine surgeon and a psychologist were consulted and Lidoderm patches #30 were requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm patches #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm and topical analgesics Page(s): 56; 111.

**Decision rationale:** According to the California (CA) MTUS Guidelines, Lidoderm Patches are a topical form of Lidocaine that may be recommended for localized neuropathic pain after there has been valid data supporting a failed trial of a first-line therapy such as a tri-cyclic or SNRI antidepressant or AED. There is no documentation supporting failed trials of first-line antidepressants. For these reasons, Lidoderm patches #30 is not medically necessary.