

<b>Case Number:</b>	CM15-0119594		
<b>Date Assigned:</b>	06/29/2015	<b>Date of Injury:</b>	07/16/2012
<b>Decision Date:</b>	07/29/2015	<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 Jersey, Alabama, California

Certification(s)/Specialty: Neurology, Neuromuscular 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 47 year old male, who sustained an industrial injury on 7/16/2012. Diagnoses include upper limb vessel anomaly, pain in joint shoulder region, cervical spine sprain/strain and lumbago/low back pain. Treatment to date has included consultations and medications. Per the Primary Treating Physician's Progress Report dated 5/04/2015, the injured worker was scheduled for an internal medicine consultation the following week for his abnormal lab findings, treatment for his headache, sleep problems and sexual dysfunction. Physical examination revealed stiffness of the lumbar spine with guarding and substitution of hip flexors. Waddell's testing was positive for cephalic compression test, simulated axial rotation and skin pinch. He also had frank muscle tightness of the paraspinal musculature. Examination of the shoulders revealed a positive impingement test and he had a great deal of difficulty with range of motion testing. The plan of care included medications and authorization was on 5/15/2015 requested for Lidoderm patches 5% #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm patches 5%, thirty count:** Upheld

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

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

**Decision rationale:** According to MTUS guidelines, "Lidoderm is the brand name for a lidocaine patch produced by [REDACTED]. 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." In this case, there is no documentation that the patient developed neuropathic pain that did not respond to first line therapy and the need for Lidoderm patch is unclear. There is no documentation of efficacy of previous use of Lidoderm patch. Therefore, the prescription of Lidoderm patches 5%, thirty count is not medically necessary.