

<b>Case Number:</b>	CM15-0125080		
<b>Date Assigned:</b>	07/09/2015	<b>Date of Injury:</b>	10/24/2012
<b>Decision Date:</b>	08/05/2015	<b>UR Denial Date:</b>	06/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/29/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 34 year old male who sustained an industrial injury on October 24, 2012. He has reported headaches, neck pain, mid back pain, and low back pain and has been diagnosed with headache post-concussion, sprain and strains of neck, sprain strain lumbar region, sprain strain thoracic region, headache, and syndrome cervicocranial. Treatment has included medications, chiropractic care, a home exercise program, functional restoration program, physical therapy and acupuncture. Physical examination noted mild limitation on cervical flexion and extension. There was tenderness over the bilateral trapezii and thoracic paraspinal muscles bilaterally. He had tenderness to palpation of the lumbar paraspinal muscles with limitation of lumbar flexion and lateral tilt to both the left and the right. His gait was grossly non antalgic. The treatment request included Lidoderm patch.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm patch 5% #60 with 5 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Lidoderm (lidocaine patch) p56-57 (2) Topical Analgesics Page(s): 56-57, 111-113.

**Decision rationale:** The claimant sustained a work injury in October 2012 and continues to be treated for headaches and pain throughout the spine. Conservative treatments have been extensive including physical therapy, acupuncture, chiropractic care, medications, and participation in a functional restoration program. When seen, review of systems was positive for multiple complaints. There was spinal tenderness and tenderness over the trapezius muscles. There was decreased spinal range of motion. In terms of topical treatments, topical lidocaine in a formulation that does not involve a dermal-patch system could be recommended for localized peripheral pain. Lidoderm is not a first-line treatment and is only FDA approved for postherpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. In this case, there are other topical treatments that could be considered. Therefore, Lidoderm was not medically necessary.