

<b>Case Number:</b>	CM15-0126231		
<b>Date Assigned:</b>	07/10/2015	<b>Date of Injury:</b>	10/02/2013
<b>Decision Date:</b>	09/10/2015	<b>UR Denial Date:</b>	06/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2015

### 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: Anesthesiology

### 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 51 year old female injured worker suffered an industrial injury on 10/02/2013. The diagnoses included chronic low back pain, facet arthropathy and sacroiliac joint pain. The diagnostics included lumbar x-rays. The injured worker had been treated with physical therapy, TENS unit, medications and acupuncture. On 5/22/2015, the treating provider reported aching low back pain which is more right sided. She can get pain in the thoracic spine also. She was getting some numbness in both of her feet on the top of the toes. She was also developing numbness in the hands. The current medication regime was providing good relief and tolerating it well. The pain was rated 9/10 without medications and 5/10 with medications. The functional improvement with medications is physical exercise on a regular basis and being able to do activities of daily living. On exam, the lumbar spine was tender in the lumbosacral facets and mild restricted range of motion. The injured worker had not returned to work. The treatment plan included Lidoderm 5%.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm 5% #30 with 4 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics, Lidocaine Page(s): 111-113.

**Decision rationale:** According to the California MTUS Guidelines (2009), topical analgesics, such as the Lidoderm 5% patch, are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. The documentation provided did reveal that the medications included an antiepileptic medication and an antidepressant with the use of Lidoderm was effective in functional improvement and pain reduction. This injured worker has been using Lidoderm for greater than 1 year. However, the medical record did not indicate if the source of pain for the injured worker was neuropathic. In this case, medical necessity of the requested medication has not been established. The requested topical analgesic is not medically necessary.