

<b>Case Number:</b>	CM15-0175020		
<b>Date Assigned:</b>	09/16/2015	<b>Date of Injury:</b>	08/01/2014
<b>Decision Date:</b>	10/16/2015	<b>UR Denial Date:</b>	08/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 59 year old female, who sustained an industrial injury on 8-1-2014. The medical records indicate that the injured worker is undergoing treatment for sciatica, lumbar disc displacement without myelopathy, and long-term medication use. According to the progress report dated 8-6-2015, the injured worker complains of low back and lower extremity pain. With medications, she notes that her pain is decreased from 8 out of 10 on a subjective pain scale to 5 out of 10. The physical examination from 8-6-2015 did not reveal any significant findings. The current medications are Motrin, Buprenorphine, Omeprazole, and Lidoderm patches. With regard to Lidoderm, she notes that they are very effective (provides immediate relief of over 15%). There is documentation of ongoing treatment with Lidoderm patch since at least 5-11-2015. Treatment to date has included medication management, physical therapy, ice, lumbar back brace, MRI studies, and electrodiagnostic testing. As of 7-22-2015, work status was described as unable to work. The original utilization review (8-11-2015) had non-certified a request for Lidoderm 5% patch #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm 5 percent patches 700mg #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch).

**Decision rationale:** Chronic symptoms and clinical findings remain unchanged with medication refilled. The patient exhibits diffuse tenderness and pain on the exam to the spine and extremities with radiating symptoms. The chance of any type of topical improving generalized symptoms and functionality significantly with such diffuse pain is very unlikely. Topical Lidocaine is indicated for post-herpetic neuralgia, according to the manufacturer. There is no evidence in any of the medical records that this patient has a neuropathic source for the diffuse pain. Without documentation of clear localized, peripheral pain to support treatment with Lidocaine along with functional benefit from treatment already rendered, medical necessity has not been established. There is no documentation of intolerance to oral medication as the patient is also on other oral analgesics. The Lidoderm 5 percent patches 700mg #30 is not medically necessary and appropriate.