

<b>Case Number:</b>	CM15-0176228		
<b>Date Assigned:</b>	09/18/2015	<b>Date of Injury:</b>	05/13/2012
<b>Decision Date:</b>	10/20/2015	<b>UR Denial Date:</b>	08/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2015

### 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 30 year old female who sustained an injury on 5-13-12. Diagnoses are lumbar strain, lumbar radiculitis, and insomnia. She complains of low back pain radiating to her left leg and foot with numbness and tingling; constant throbbing and intermittent sharp pain rated at 9-10 on the pain scale. She reports the pain has gotten worse and after using the local patches the pain goes down to 8 out of 10 as noted on 7-20-15. She states standing greater than 30 minutes, doing housework and lumbar movement aggravates the pain. Examination of the lumbar spine reveals thoracolumbar spine is well preserved with no splinting; gait pattern is normal; range of motion flex to eight to ten inches from the ground and stiffness and tightness at L4-L5. Straight leg raise test was positive on the right side at 45 degrees from the sitting position and on the left side at 25 degrees. The treatment plan included Lidoderm 5% patch every 12 hours on and off for local application #30; continue with home exercise program and awaiting authorization for physical therapy. Work status was modified work with no repetitive bending, twisting, stopping or lifting greater than ten pounds. Current requested treatments Lidoderm 5% patch, #30. Utilization review 8-12-15 requested treatment is non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm 5% patch, #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), Topical Analgesics.

**Decision rationale:** The claimant sustained a work injury in May 2012 and continues to be treated for low back pain with left lower extremity radiating symptoms. When seen, she was having a worsening of symptoms. Physical examination findings included spinal stiffness and tightness with decreased range of motion. Straight leg raising was positive. There was decreased left lower extremity sensation. Lidoderm was prescribed. Topical Lidocaine in a formulation that does not involve a dermal-patch system can 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. Lidoderm was not medically necessary.