

<b>Case Number:</b>	CM15-0033821		
<b>Date Assigned:</b>	02/27/2015	<b>Date of Injury:</b>	12/01/2010
<b>Decision Date:</b>	04/13/2015	<b>UR Denial Date:</b>	02/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/23/2015

### 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: Family Practice

### 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 65 year old female, who sustained an industrial injury on 12/01/2010. She has reported subsequent back, shoulder, neck, knee and hip pain and was diagnosed with chronic lumbar back pain with disc herniation and degenerative disc disease, left shoulder and right knee sprain, trochanteric bursitis and cervical myofascial pain. Treatment to date has included oral and topical pain medication and a TENS unit. In a progress note dated 01/13/2015, the injured worker complained of continued headaches, neck pain, left shoulder pain, back, knee and hip pain. The physician noted that the injured worker reported that generic Lidoderm patches were not as effective for reducing pain and that she preferred non-generic patches. On 2/10/15, amitriptyline was prescribed. A request for authorization of Lidoderm patches was made. On 02/12/2015, Utilization Review modified a request for Lidoderm patch, noting that there was no documentation that the injured worker failed to achieve benefit from the use of anti-epileptic drugs and anti-depressants. MTUS guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm patch 5%, 360 count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Section Page(s): 56 - 57.

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

**Decision rationale:** According to the MTUS guidelines, lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy including tricyclic or SNRI antidepressants, or drugs such as gabapentin or Lyrica. There is no indication that the injured worker has had a trial of first-line therapy as recommended by the guidelines. Furthermore, the injured worker is diagnosed with chronic lumbar back pain with disc herniation and degenerative disc disease, left shoulder and right knee sprain, trochanteric bursitis and cervical myofascial pain. The guidelines state that lidocaine is not recommended for non-neuropathic pain. The request for Lidoderm patch 5%, 360 count is not medically necessary.