

<b>Case Number:</b>	CM15-0065134		
<b>Date Assigned:</b>	04/13/2015	<b>Date of Injury:</b>	05/06/2010
<b>Decision Date:</b>	05/13/2015	<b>UR Denial Date:</b>	03/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/06/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented 40-year-old who has filed a claim for chronic pain syndrome, depression, anxiety, headaches, low back pain, neck pain, hip pain, thigh pain, and panic attacks reportedly associated with an industrial injury of May 6, 2010. In a Utilization Review report dated March 10, 2015, the claims administrator failed to approve a request for topical Lidoderm patches. The claims administrator referenced a February 16, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On November 12, 2014, the applicant reported ongoing multifocal complaints of low back, neck, hip, and thigh pain with derivative complaints of headaches. The applicant was placed off of work, on total temporary disability. The applicant appeared visibly anxious. The applicant was on Motrin for pain relief. There was no mention of the Lidoderm patches. The applicant's complete medications were not detailed. On December 10, 2014, the applicant again reported issues with anxiety, depression, and tearfulness. The applicant was off of work, it was acknowledged. On September 3, 2014, it was stated that the applicant was on Klonopin, Elavil, tramadol, Motrin, Prilosec and Lidoderm patches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm patches 5% 1 box:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine Page(s): 112.

**Decision rationale:** No, the request for Lidoderm patches was not medically necessary, medically appropriate or indicated here. While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical lidocaine is indicated in the treatment of localized peripheral pain or neuropathic pain in applicants in whom there has been a trial of first-line therapy with antidepressants and/or anticonvulsants, in this case, however, the applicant's ongoing usage of Elavil, an antidepressant adjuvant medication, would seemingly effectively obviate the need for the Lidoderm patches in question. It is further noted that the applicant has been on Lidoderm patches in question for some time and has failed to demonstrate any significant benefit through the same. The applicant was off of work, it was acknowledged on multiple office visits of late 2014. Ongoing usage of Lidoderm patches failed to curtail the applicant's dependence on a variety of other analgesic and adjuvant medications such as tramadol, Motrin, Klonopin, etc. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of the same. Therefore, the request was not medically necessary.