

<b>Case Number:</b>	CM15-0071675		
<b>Date Assigned:</b>	04/21/2015	<b>Date of Injury:</b>	01/04/2008
<b>Decision Date:</b>	05/20/2015	<b>UR Denial Date:</b>	04/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2015

### 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: North Carolina, Georgia  
 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 34 year old male who sustained an industrial injury on 01/04/2008. The injured worker was diagnosed with lumbar radiculopathy, right knee pain and lumbar post laminectomy syndrome. Treatment to date includes diagnostic testing with the latest lumbar spine magnetic resonance imaging (MRI) dated March 22, 2013, surgery, physical therapy, home exercise program, medications and periodic myofascial trigger point injections. The injured worker is status post a bilateral laminectomy at L3-4, L4-5 and L5-S1. According to the primary treating physician's progress report on March 13, 2015, the injured worker continues to experience low back pain, unchanged from the previous visit. The injured worker reports his pain at 6/10 with medications and 10/10 without medications. The examination of the lumbar spine demonstrated a decreased in the lumbar lordosis with tenderness to palpation in the paravertebral muscles at L4-S1. There were spasms in the bilateral paraspinous musculature bilaterally and myofascial trigger points with twitch response. The range of motion was limited due to pain especially with flexion and extension. Sensation to touch was decreased along the L5 dermatome in the right lower extremity. Straight leg raise was positive bilaterally. The right knee had mild swelling and tenderness to palpation. The injured worker's gait was antalgic and slow. The injured worker requested a Toradol injection and a trigger point injection, which was administered. Current medications are listed as Norco, Gabapentin, Lidocaine Patch and Tizanidine. Treatment plan consists of follow-up visit with spine surgeon; continue home exercise program and medication regimen and the current request for Lidocaine Patch renewal.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**30 Lidocaine 5% patch:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 56-57.

**Decision rationale:** The CA MTUS states that topical lidocaine preparations such as Lidoderm may be used as second line treatment for localized peripheral pain after a first line treatment, such as tricyclic antidepressant, SNRI or AED has tried and failed. The medical records in this case do indicate treatment with an AED, which did not completely control the pain. Therefore, the use of Lidoderm is medically necessary.