

<b>Case Number:</b>	CM15-0074319		
<b>Date Assigned:</b>	04/24/2015	<b>Date of Injury:</b>	04/10/2012
<b>Decision Date:</b>	05/27/2015	<b>UR Denial Date:</b>	04/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/20/2015

### 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 48 year old male, who sustained an industrial injury on April 10, 2012. He has reported neck pain, arm pain, back pain, and leg pain. Diagnoses have included cervical myoligamentous injury with bilateral upper extremity symptoms, blunt head trauma with post traumatic headache, cervical spine disc herniation, right shoulder myoligamentous injury, lumbar spine disc herniation, and depression. Treatment to date has included medications, extracorporeal shock wave therapy, trigger point injections, lumbar epidural steroid injection, psychotherapy, and imaging studies. A progress note dated March 4, 2015 indicates a chief complaint of increased neck pain radiating to the bilateral arms with numbness, cervicogenic headache, and lower back pain radiating to the bilateral legs. The treating physician documented a plan of care that included medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm 5% #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch), Anti-epilepsy drugs (AEDs) Page(s): 56, 16-21.

**Decision rationale:** As noted in 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. While there is indication that the injured worker is also being prescribed tricyclic antidepressant, the medical records do not establish that this medication is being prescribed for the neuropathic pain, and the medical records do not establish attempt and failure of gabapentin which is first line in the treatment of chronic neuropathic pain. The request Lidoderm 5% #30 is not medically necessary and appropriate.