

<b>Case Number:</b>	CM15-0074333		
<b>Date Assigned:</b>	04/24/2015	<b>Date of Injury:</b>	02/27/2008
<b>Decision Date:</b>	07/15/2015	<b>UR Denial Date:</b>	03/26/2015
<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: Physical Medicine & Rehabilitation

### 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 35 year old male who sustained an industrial injury involving a roll-over motor vehicle crash where he injured his low back, chest and right shoulder. He complained of low back pain, chest pain and right shoulder pain. He had x-rays of the lumbar spine that were normal. He was treated with physical therapy. Symptoms persisted and he was diagnosed with myofascial lumbar sprain. He currently complains of low back pain. His pain level is 5/10. Medication is Advil. Diagnoses include myofascial pain syndrome; chronic pain; low back pain. Treatments to date include transcutaneous electrical nerve stimulator unit with benefit; lumbar trigger point injection (3/11/15, 10/9/14); physical therapy that was somewhat helpful; acupuncture. Diagnostics included MRI of the lumbar spine (12/2/13) with abnormalities. In the progress note dated 3/11/15, the treating provider's plan of care includes a request for trial of Lidoerm 5% patch. He has tried non-steroidal anti-inflammatories. He has had a good response to trigger point injections with lidocaine. There is a component of neuropathic pain with allodynia that is localized to the right lower back. Trial of Lidoderm is indicated.

### 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 Treatment Guidelines Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines chronic pain medical treatment guidelines Page(s): 57. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Lidoderm patches.

**Decision rationale:** This patient presents with low back pain. The current request is for Lidoderm 5% Patch #30. The RFA is dated 03/11/15. Treatments to date include transcutaneous electrical nerve stimulator unit with benefit; lumbar trigger point injection (3/11/15, 10/9/14); physical therapy; acupuncture. The patient is currently not working. MTUS chronic pain medical treatment guidelines page 57 states, Topical lidocaine may be recommended for a localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI antidepressants, or an AED such as gabapentin or Lyrica). MTUS page 112 also states, Lidocaine indication: Neuropathic pain, recommended for localized peripheral pain. In reading ODG Guidelines, it specifies the Lidoderm patches are indicated as a trial if there is evidence of localized pain that is consistent with a neuropathic etiology. ODG further requires documentation of the area for treatment, trial of a short-term use with outcome, documenting pain and function. MTUS page 60 required recording of pain and function when medications are used for chronic pain. According to progress report 03/11/15, the patient presents with low back pain with radiating pain on palpation noted on the right side. There is tenderness and trigger points noted. In regard to the request for Lidoderm patches for this patient's chronic lower back pain, such patches are not indicated for this patient's chief complaint. MTUS guidelines state that Lidocaine patches are appropriate for localized peripheral neuropathic pain. This patient presents with lower back pain, which radiates into the bilateral lower extremities, not a localized neuropathic pain amenable to Lidocaine patches. There is no documentation of other complaints for which this medication would be considered appropriate, either. Therefore, the request is not medically necessary.