

<b>Case Number:</b>	CM15-0074669		
<b>Date Assigned:</b>	04/24/2015	<b>Date of Injury:</b>	10/30/2000
<b>Decision Date:</b>	05/27/2015	<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, North Carolina  
 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 54 year old male, who sustained an industrial/work injury on 10/30/00. He reported initial complaints of pain to the back and neck. The injured worker was diagnosed as having chronic lumbar pain and gastro-esophageal reflux disease (GERD). Treatment to date has included medication. Currently, the injured worker complains of back and abdominal pain to the upper abdomen after eating. Level of pain was 5-7/10 to the lumbar region. Per the primary physician's progress report (PR-2) on 2/26/15, examination revealed decreased range of motion of the lumbar area with stiffness, point tenderness in the lumbar region. Nexium was prescribed for the GERD symptoms. The requested treatments include Lidocaine patch.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidocaine patch #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112.

**Decision rationale:** CA MTUS states that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. In this case there is no evidence that first-line agents have been tried and failed in order to support the use of the Lidoderm patch. The records submitted also do not contain recent subjective or objective findings to support the necessity of a topical analgesic. The request is not medically necessary.