MAXIMUS Federal Services

| Case Number: | CM15-0075520 | | |
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| Date Assigned: | 04/27/2015 | Date of Injury: | 09/16/2014 |
| Decision Date: | 05/29/2015 | UR Denial Date: | 04/10/2015 |
| Priority: | Standard | Application Received: | 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 49 year old male who sustained an industrial injury on September 16, 2014. He has reported pain to the left hip, low back, and left thigh and has been diagnosed with hip pain and lumbago. Treatment has included medications and physical therapy. Currently the injured worker had left hip, lower back, left thigh, and left calf pain. The treatment request included Lidoderm patches.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm 5% 700mg patch #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Topical Analgesics Page(s): 56-57, 111-113. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Lidoderm.

**Decision rationale:** The injured worker is a 49 year old male who sustained an industrial injury on September 16, 2014. He has reported pain to the left hip, low back, and left thigh and has

been diagnosed with hip pain and lumbago. Treatment has included medications and physical therapy. Currently the injured worker had left hip, lower back, left thigh, and left calf pain. The treatment request included Lidoderm patches. Based on the 3/19/15 progress report provided by the treating physician, this patient presents with worsening left hip pain, left thigh "super amount of pain, stressed and weak," low back pain, tingling pains in left mid-back especially at night that is "like a 9-volt battery," with a new left calf tenderness that is "like hot needles" especially after a hot bath or shower for the last couple of weeks. The treater has asked for Lidoderm 5% 700mg patch #30 but the requesting progress report is not included in the provided documentation. The patient's diagnoses per request for authorization form dated 3/23/15 are hip pain and lumbago. The patient counted steps while hauling a light load on a dolly and after 108 steps started feeling pain 5/10 per 2/17/15 report. The treater cut down Norco to 2/day and the patient began having pain with just regular walking per 2/17/15 report. The patient is currently on Norco and is having more side effects from it recently, and will taper down to 3.5 Norco per day next month per 3/19/15 report. At 3.5 Norco per day, the patient feels pain only with hauling, stairs, cleaning and ladder work per 2/17/15 report. The patient has not had prior surgeries of the back/hip per review of reports. The patient is to remain off work until 5/19/15 per 3/19/15 report. 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 a consistent with a neuropathic etiology." The patient is diagnosed with lumbago and hip pain. Review of records dated 10/13/14 to 3/19/15 do not show evidence of prior use of Lidoderm patches. There is no indication of where these patches will be applied to. In this case, the patient does have a new weakness in the left calf, but does not have any documentation of localized neuropathic pain as required by MTUS Guidelines. Therefore, the requested Lidoderm patches is not medically necessary.