

<b>Case Number:</b>	CM15-0092523		
<b>Date Assigned:</b>	05/18/2015	<b>Date of Injury:</b>	04/12/2000
<b>Decision Date:</b>	06/23/2015	<b>UR Denial Date:</b>	04/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/13/2015

### 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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

### 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 60 year old, male who sustained a work related injury on 4/12/2000. The diagnoses have included status post lumbar fusion, lumbar spine disc desiccation and facet arthropathy. Treatments have included medications and a home exercise program. In the PR-2 dated 4/20/15, the injured worker complains of low back pain that is worse with increased activity. He has tenderness to palpation of lumbar paraspinal regions. He has decreased range of motion due to pain. He has guarding with motion. He has muscle spasms present. The treatment plan includes refill prescriptions for medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidocaine 5% (700mg) #30/30/0:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56.

**Decision rationale:** According to MTUS guidelines, "Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI anti-depressants or an AED such as gabapentin." In this case, there is no documentation that the patient developed neuropathic pain that did not respond to first line therapy. There is no documentation of efficacy of previous use of Lidocaine patch. Therefore, the prescription of Lidocaine 5% (700mg) #30/30/0 is not medically necessary.