

<b>Case Number:</b>	CM15-0095664		
<b>Date Assigned:</b>	05/22/2015	<b>Date of Injury:</b>	08/05/2011
<b>Decision Date:</b>	06/29/2015	<b>UR Denial Date:</b>	04/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/18/2015

### 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:

This is a 49-year-old female with an August 5, 2011 date of injury. A progress note dated April 15, 2015 documents subjective findings (lower back pain and leg pain; tingling in the right buttock; numbness in the right posterior lower extremity; pain rated at a level of 8/10 without medications and 3/10 with medications), objective findings (decreased sensation over the lateral right leg; sacroiliac joints tender, right more than left; tenderness over the paraspinals of the lumbar spine; increased pain with flexion and extension; straight leg raise positive on the right), and current diagnoses (lumbar radiculitis; lower back pain; lumbar degenerative disc disease; muscle pain; numbness; chronic pain syndrome; lumbar discogenic pain; depression due to chronic pain). Treatments to date have included medications, magnetic resonance imaging of the lumbar spine (June 23, 2014; showed degenerative disc disease with a tear in the posterior annulus at the L5-S1 disc, and slight posterior annular bulging of the disc at L5-S1 abutting the underlying right and left S1 nerves; study unchanged from January 15, 2014), epidural steroid injection (helped relieve back pain but not leg pain), and physical therapy. The medical record identifies that medications help control the pain. The treating physician documented a plan of care that included Lidoderm patches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm patch 5%, Qty 30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56-57.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medications, Pages 111- 113.

**Decision rationale:** This is a 49-year-old female with an August 5, 2011 date of injury. A progress note dated April 15, 2015 documents subjective findings (lower back pain and leg pain; tingling in the right buttock; numbness in the right posterior lower extremity; pain rated at a level of 8/10 without medications and 3/10 with medications), objective findings (decreased sensation over the lateral right leg; sacroiliac joints tender, right more than left; tenderness over the paraspinals of the lumbar spine; increased pain with flexion and extension; straight leg raise positive on the right), and current diagnoses (lumbar radiculitis; lower back pain; lumbar degenerative disc disease; muscle pain; numbness; chronic pain syndrome; lumbar discogenic pain; depression due to chronic pain). Treatments to date have included medications, magnetic resonance imaging of the lumbar spine (June 23, 2014; showed degenerative disc disease with a tear in the posterior annulus at the L5-S1 disc, and slight posterior annular bulging of the disc at L5-S1 abutting the underlying right and left S1 nerves; study unchanged from January 15, 2014), epidural steroid injection (helped relieve back pain but not leg pain), and physical therapy. The medical record identifies that medications help control the pain. The treating physician documented a plan of care that included Lidoderm patches.