

<b>Case Number:</b>	CM14-0142930		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	04/16/2012
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	08/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2014

### 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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 29 year old female injured on 04/16/12 due to lifting activity. Diagnoses included displacement of lumbar intervertebral disc without myelopathy, fibromyositis, and chronic pain syndrome. Clinical note dated 08/14/14 indicated the injured worker presented complaining of worsening bilateral low back pain radiating into the right S1 distribution of bilateral lower extremities. Injured worker rated pain 7-9/10 with associated right lower extremity weakness, tingling, and stiffness of the low back. Physical examination revealed antalgic gait favoring left, tenderness over paraspinal muscles over facet joints and sacroiliac joints on the right, withdrawal reflex noted upon palpation to right paraspinal muscles, trigger points noted over lower paraspinal middle paraspinal musculature, and muscle spasm not present. Medications included cyclobenzaprine and MiraLax. Treatment plan included recommendation for home exercise program and Lidoderm patch. Initial request was non-certified on 08/22/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm 5% Adhesive Patch #30 x 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine Indication: Neuropathic Pain; Topical Analgesics.

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

**Decision rationale:** As noted on page 56 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of topical medications has not been established through rigorous clinical trials. Lidoderm is recommended for a trial if there is evidence of localized pain that is consistent with a neuropathic etiology. There should be evidence of a trial of first-line neuropathy medications (tri-cyclic or SNRI anti-depressants or an anti-epileptic drug such as gabapentin or Lyrica). Lidoderm is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points. Therefore Lidoderm 5% Adhesive Patch #30 x 1 refill is not medically necessary as it does not meet established and accepted medical guidelines.