

<b>Case Number:</b>	CM14-0148775		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	03/17/1999
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	08/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/12/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Texas and Ohio. 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 61-year-old female who reported an injury on 03/17/1999. The mechanism of injury was not provided in the included medical documentation. The injured worker presented for an office visit on 08/06/2014 and complained of severe neck pain with tingling in the bilateral hands. She ambulated with the use of a cane and reported lower back pain and headaches when sitting. Upon examination, there was a bilateral grip strength weakness, unsteady gait, and diffuse pathologic reflexes in the toes and feet with sensory loss. Diagnoses were degeneration of cervical paravertebral disc, cervical spondylosis without myelopathy, lumbosacral spondylosis without myelopathy, and acquired spondylolisthesis. The provider recommended Lidoderm patches. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm DIS 5% Day supply: 15, Qty# 30 Refills: 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): 56-57.

**Decision rationale:** The request for Lidoderm DIS 5% Day supply: 15, Qty# 30 Refills: 0 is not medically necessary. The California MTUS Guidelines state that topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of a first line therapy, tricyclic, SNRA antidepressants or an AED such as Gabapentin or Lyrica. This is not a first line treatment and is only FDA approved for postherpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. There is lack of documentation of a complete and adequate pain assessment of the injured worker. Additionally, the injured worker does not have a diagnosis congruent with the guideline recommendations. As such, medical necessity has not been established.