

<b>Case Number:</b>	CM13-0012482		
<b>Date Assigned:</b>	03/19/2014	<b>Date of Injury:</b>	05/07/2010
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	07/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/12/2013

### 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 & Rehabilitation and Pain Management has a subspecialty in Interventional Spine 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:

This patient is a 33-year-old female with date of injury of 05/07/2010. Per treating physician's report 07/02/2013, current diagnosis is "AC post-trauma headache". Current medications include Lidoderm 5% patches, Diclofenac, Cymbalta, and Norco. This report indicates that the patient presents for a medical reevaluation regarding her upper extremity complex regional pain syndrome, type 1, and continues to experience possible centralized pain in her lower extremities. The patient remains with recalcitrant chronic pain problems but is managing independently including just finishing school. The patient was now weaned off of opioid-based medications; current level of function includes home exercise program and activities of daily living in addition to school, and the level of function remains dependent on the patient's use of Lidoderm for neuropathic pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LIDODERM PATCHES 5% APPLY 1-2 PATCHES TO AFFECTED AREAS TWELVE HOURS ON AND TWELVE HOURS OFF:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, 56-57

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines lidoderm patches Page(s): 56, 57. 112.

**Decision rationale:** This patient presents with a diagnosis of CRPS of the upper extremity as well as headaches. The treating physician has prescribed Lidoderm 5% patches and his report from 07/02/2013 documents that the patient is using this patch for neuropathic pain, with functional improvement including going to school, handling activities of daily living. The patient was also able to come off of all the opiates. MTUS Guidelines regarding Lidoderm patches support its use for neuropathic pain; particularly neuropathic pain is peripheral and localized. This patient has a diagnosis of chronic regional pain syndrome for which the patient has been using the Lidoderm patches. The patient has the right indications for the use of Lidoderm patches per MTUS Guidelines. The treating physician has also documented that the patient is going to school, handling activities of daily living, able to come off the opioid medications, and benefiting from Lidoderm patches. Therefore, the request for Lidoderm patches 5% apply 1-2 patches to affected areas twelve hours on and twelve hours off is medically necessary and appropriate.