

<b>Case Number:</b>	CM13-0025986		
<b>Date Assigned:</b>	11/22/2013	<b>Date of Injury:</b>	06/01/2010
<b>Decision Date:</b>	01/23/2014	<b>UR Denial Date:</b>	08/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/19/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in New York and Texas. 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 physician 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.

### 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 patient is a 50 year old female who reported an injury on 04/01/2011. The mechanism of injury was not provided but appears to be to her left upper extremity. She continues to complain of pain in the left upper extremity and shoulder, to include tingling, "pins and needles", and numbness. The most recent physical examination revealed normal muscle strength throughout, normal deep tendon reflexes bilaterally, and decreased sensation to her left lateral and medial hand, and right side of left distal thumb. The patient was also noted to have full range of motion throughout, negative Sparling's test, and tenderness to the left lateral epicondyle with a negative Tinsel's sign. EMG tests revealed medial neuropathy at CT bilaterally only, no imaging tests were provided. The patient is not currently being treated by pain management as her current regime is stabilizing the pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) Lidoderm 5% patch SIG, #30: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** California MTUS Guidelines recommend topical analgesics as an optional treatment for both neuropathic and osteoarthritic pain. Lidoderm in particular, is recommended

after there is objective documentation of the failure of a tricyclic or SNRI antidepressant and/or an antiepileptic. The patient was noted to have adverse side effects to Lyrica, but there is no evidence that Gabapentin was substituted. Also, the patient is currently taking a tricyclic antidepressant; however, there is no discussion or documentation of its efficacy using the VAS pain scale. There is also no documentation of its failure before the topical Lidoderm was initiated. As such, the request for Lidoderm 5% patch SIG #30 is non-certified.