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| <b>Case Number:</b>   | CM13-0067035 |                              |            |
| <b>Date Assigned:</b> | 01/03/2014   | <b>Date of Injury:</b>       | 08/25/1994 |
| <b>Decision Date:</b> | 08/12/2014   | <b>UR Denial Date:</b>       | 11/25/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/17/2013 |

### 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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in California and Maryland. 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 patient is a 54-year-old female with a 12/4/11 date of injury. The mechanism of injury was cumulative injury. An 11/20/13 progress note described complaints of 8/10 stabbing neck pain with radiation to the upper extremities, headaches, and pain in the bilateral wrists. The patient also complained of anxiety, depression, and insomnia. Clinically there was cervical spine muscle guarding/spams, and increased pain with terminal range of motion. There was a keloid in the right carpal tunnel incision, tenderness over the bilateral scaphoid or lunate carpal bones, positive Phalen's and Durkan's test bilaterally, and thoracic spine guarding/spams with tenderness to palpation. A 10/9/13 note described a prescription for Medrox cream. Treatment to date has included physical therapy, activity modification, wrist braces, and medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 PRESCRIPTION FOR LIDODERM 5% 30GM BETWEEN 10/1:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57.

**Decision rationale:** Lidoderm patches are not found medically reasonable, as there is no discussion regarding duration of use, failure for first line therapy, or reduction in oral medications. Guidelines require documentation of failure of first line treatment options, which was not provided. As such, the request is not medically necessary.