

<b>Case Number:</b>	CM14-0003614		
<b>Date Assigned:</b>	01/31/2014	<b>Date of Injury:</b>	01/19/1999
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	12/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2014

### 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. 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 68 year old female who sustained an injury on 01/19/99. No specific mechanism of injury was noted rather this was a cumulative trauma injury after long hours were spent walking on hardwood floors on just hard floors. The injured worker was followed for chronic neck pain radiating to the left upper extremity and left shoulder pain. The injured worker also described bilateral wrist and hand pain that was intermittent with associated numbness and tingling. Prior treatment included physical therapy. The injured worker had multiple surgical procedures including bilateral shoulder arthroscopies left carpal and/or nerve release left carpal tunnel and/or nerve releases by carpal tunnel releases and right carpal tunnel release. The clinical record from 10/30/13 noted current medications included Cymbalta 20mg twice daily and Lidoderm 5% patch. On physical examination there was diminished sensation to light touch in a left L3 and L4 distribution to lower extremities in the left lower extremity. There was weakness at the left quadriceps and tibialis anterior. Medications continued at this visit included Cymbalta, Zanaflex, and Lidoderm patches. Follow up on 11/05/13 reported ongoing symptoms in the left upper extremity with associated numbness and tingling. There was also continuing low back pain reading to the left lower extremity. At this physical examination there continued to be mild weakness at the left deltoid supraspinatus. No specific sensory loss was noted at this evaluation. The requested Lidoderm 5% patch quantity 60 was denied by utilization review on 12/13/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LIDODERM 5% PATCH ONE Q12H #60: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS.

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

**Decision rationale:** When looking at the completed denial report on 12/13/13, the report non-certified Lidoderm patches but in the rationale it clearly indicated that the reviewer wished to recommend certification for Lidoderm patches as the injured worker had been followed for ongoing neuropathic pain for which Lidoderm was indicated. The injured worker had several surgical procedures to address neuropathic pain in the upper extremities including ulnar and carpal tunnel releases. The injured worker has persistent complaints of neuropathic pain in bilateral upper extremities and lower extremities. Given the continuing neuropathic symptoms noted in the clinical record this reviewer would have recommended certification for this requested medication. This appears to be an error in processing the previous denial. The request for Lidoderm 5% Patch One is medically necessary.