

<b>Case Number:</b>	CM14-0100274		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	01/02/2012
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	06/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 is a case of a 36-year-old female who has filed a claim for Left wrist DeQuervain's and left trigger thumb associated with an injury date of 01/02/2012. Medical records from January 2014 to March 2014 were reviewed which showed left wrist and thumb pain, aggravated by grip and grasping. Physical examination from latest progress notes dated 03/05/14 showed left hand tenderness with flexion and extension. Treatment to date has included medications, Norco, Prilosec, Voltaren, and Insulin. Utilization review dated 06/05/2014 denied the request for Lidocaine patch since guidelines only recommend lidocaine patch as 2nd line therapy for neuropathic pain and 1st line therapy for post-herpetic neuralgia.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Retrospective request for lidocaine patch 5%, #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine patch).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine Page(s): 112.

**Decision rationale:** This is a case of a 36-year-old female who has filed a claim for Left wrist DeQuervain's and left trigger thumb associated with an injury date of 01/02/2012. Medical

records from January 2014 to March 2014 were reviewed which showed left wrist and thumb pain, aggravated by grip and grasping. Physical examination from latest progress notes dated 03/05/14 showed left hand tenderness with flexion and extension. Treatment to date has included medications, Norco, Prilosec, Voltaren, and Insulin. Utilization review dated 06/05/2014 denied the request for Lidocaine patch since guidelines only recommend lidocaine patch as 2nd line therapy for neuropathic pain and 1st line therapy for post-herpetic neuralgia.