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| <b>Case Number:</b>   | CM14-0013830 |                              |            |
| <b>Date Assigned:</b> | 02/26/2014   | <b>Date of Injury:</b>       | 08/02/2011 |
| <b>Decision Date:</b> | 06/26/2014   | <b>UR Denial Date:</b>       | 01/13/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/04/2014 |

### 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 Occupational Medicine 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:

The patient is a 54 year old who has developed a right upper extremity CRPS syndrome as a sequella to a crush injury. DOI 8/02/011. She has been treated with physical therapy, acupuncture, analgesic medications, stellate ganglion blocks and trans cranial stimulation. The stellate ganglion blocks are reported to be beneficial for a couple of months. Medication management has included Lyrica 100mg. TID which is reported to be beneficial and has been continued. She was started/trialed on Lidoderm patches in mid '13 and the was continued for a few months. There is no documentation of benefits secondary to the Lidoderm patch.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **LIDODERM 5 PERCENT PATCH ONE PATCH Q. DAY: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

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

**Decision rationale:** Per MTUS guidelines FDA approved topical agents (Lidoderm) can be trialed for neuropathic pain disorders when other treatments/medications have been trialed and provided inadequate relief. CRPS is somewhat unique as a neuropathic pain syndrome in that it

is thought to be primarily a developed central nervous system disorder causing the persistent widespread pain and allodynia. Topical agents have not been well studied for this disorder and it is unknown if they help, but a trial of the Lidoderm was reasonable. The renewed recommendation for Lidoderm does not appear medically necessary as there is no evidence it was beneficial in the past. Therefore, the request is not medically necessary.