

<b>Case Number:</b>	CM14-0121523		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	10/14/2003
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	07/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/01/2014

### 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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 60 year old female who was injured on 10/14/2003. She was diagnosed with bilateral carpal tunnel syndrome, deQuervain's disease, chronic neck pain/spasm, cervical spondylosis with possible cervical radiculitis, chronic right shoulder pain, insomnia related to chronic pain, and right shoulder bicipital tendinitis. She was treated with physical therapy, joint injections, surgery (right shoulder, left shoulder, cervical fusion and removal, carpal tunnel release), TENS unit, NSAIDs, opioids, muscle relaxants, anti-depressants, prilosec, Neurontin, and topical analgesics (lidocaine patch). The worker was seen on 6/9/14 by her pain management physician complaining of her neck, right arm, right shoulder, and right scapular pain, and neck spasm and neck pain which going down her right shoulder and arm. She also reported intermittent numbness over the right arm and upper extremity including the middle finger and ring finger with tingling sensation. She reported that her pain medications, which included MS Contin, Norco, Zanaflex, Soma, Mobic, Prilosec, Neurontin, Pamelor, and Lidoderm patch (to her neck and right shouler), all help reduce her pain. Physical examination revealed tenderness of cervical paraspinal muscles and upper back muscles, normal strength, and normal sensation to light touch. She was then recommended to continue her then current medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidocaine 5% 700mg 30/30:** Upheld

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

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

**Decision rationale:** The MTUS Chronic Pain Guidelines state that topical lidocaine patches may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic, Serotonin-norepinephrine reuptake inhibitors (SNRI), or anti-epileptic), and is generally considered experimental for chronic neuropathic pain disorders other than post-herpetic neuralgia. In the case of this worker, it remains unclear to the reviewer whether or not the worker has cervical neuropathic pain that would warrant using topical lidocaine. She certainly has muscle spasm in her upper back and neck and likely has carpal tunnel symptoms in her right arm/wrist/hand as evidenced from an EMG in the past. Objective findings (physical examination) did not clearly confirm any cervical neuropathy diagnosis recently. Therefore, Lidocaine is not medically necessary and appropriate.