

<b>Case Number:</b>	CM14-0128976		
<b>Date Assigned:</b>	08/18/2014	<b>Date of Injury:</b>	09/03/2008
<b>Decision Date:</b>	12/31/2014	<b>UR Denial Date:</b>	07/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/13/2014

### 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 Texas & 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:

This is a 49 year old female patient who sustained an injury on 09/03/2008. The current diagnosis includes status post right carpal tunnel release and de Quervain's release in 2009 and chronic bilateral wrist, hand, and forearm pains. Per the doctor's note dated 7/08/2014, patient had complaints of right shoulder pain. She had gastrointestinal upset with celebrex. Physical examination revealed no significant changes. The medications list includes lidoderm patches, omeprazole and celebrex. She has undergone right carpal tunnel release and de Quervain's release in 2009. Prior diagnostic study reports were not specified in the records provided. She has had physical therapy visits for this injury.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm Patches 5 percent with 2 Refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56-57.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Lidoderm (lidocaine patch) Page(s): 111-113; 56-57.

**Decision rationale:** According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is "Largely experimental in use with few

randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents." According to the MTUS Chronic Pain Guidelines "Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia." MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Response of antidepressants and anticonvulsants for these symptoms are not specified in the records provided. Any intolerance or contraindication to oral medications other than NSAIDs is not specified in the records provided. Any evidence of post-herpetic neuralgia is not specified in the records provided. The medical necessity of Lidoderm Patches 5 percent with 2 Refills is not established for this patient.