

<b>Case Number:</b>	CM14-0028088		
<b>Date Assigned:</b>	06/16/2014	<b>Date of Injury:</b>	10/31/1994
<b>Decision Date:</b>	11/13/2014	<b>UR Denial Date:</b>	02/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/05/2014

### 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, has a subspecialty in Interventional Spine 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 years old female with an injury date on 10/31/1994. Based on the 10/11/2013 progress report provided by [REDACTED], the diagnoses are: 1. Bilateral carpal tunnel syndrome, right greater than left. 2. Cubital tunnel syndrome, left greater than right. According to this report, the patient complains of daily spasm of the bilateral thumb; right greater than left. Pain is rated as a 7/10. Numbness and tingling is noted in the bilateral wrist, which radiates to the bilateral elbows. "Range of motion of bilateral wrist and hands is satisfactory, although, with discomfort in the right wrist." "Lidoderm decrease her pain level, making pain more manageable and allowing her to be more functional." "There were no other significant findings noted on this report. The utilization review denied the request on 02/03/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 10/11/2013 to 01/29/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LIDODERM PATCH 5%:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines chronic pain section Page(s): 111-113.

**Decision rationale:** According to the 10/11/2013 report by [REDACTED] this patient presents with daily spasm of the bilateral thumb; right greater than left. The treater is requesting Lidoderm Patch 5%. Per treater, "Lidoderm decrease her pain level, making pain more manageable and allowing her to be more functional;" since 10/11/2013. The MTUS guidelines state that Lidoderm patches may be recommended for neuropathic pain that is peripheral and localized when trials of antidepressants and anti-convulsants have failed. Review of the reports show the patient has upper extremities neuropathic pain but this is not a localized condition; therefore, recommendation is for denial.