

<b>Case Number:</b>	CM14-0040168		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	04/12/2007
<b>Decision Date:</b>	07/28/2014	<b>UR Denial Date:</b>	03/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/04/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management, 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:

This is a patient with a date of injury of April 12, 2007. A utilization review determination dated March 10, 2014 recommends non-certification of Lidoderm. February 12, 2014 medical report identifies back and leg pain. He also has significant right hand pain s/p first carpometacarpal joint fusion. It is unable to make a complete fist and has weakness. On exam, there is diffuse forearm tenderness and decrease in pin appreciation noted in the median distribution. Tinel's and Phalen's are negative. There is limited elbow ROM (range of motion). Lidoderm was requested. March 12, 2014 medical report identifies a recommendation for medications including gabapentin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**60 lidoderm patch:** 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 Page(s): 112 of 127.

**Decision rationale:** Regarding the request for Lidoderm, Chronic Pain Medical Treatment Guidelines recommend the use of topical lidocaine for localized peripheral pain after there has

been evidence of a trial of the first line therapy such as tricyclic antidepressants, SNRIs (serotonin-norepinephrine reuptake inhibitor), or antiepileptic drugs. Within the documentation available for review, there is no indication that the patient had failed first-line therapy prior to the request for Lidoderm, as the provider recommended an antiepileptic drug (gabapentin) at the next office visit. The request for sixty Lidoderm patches is not medically necessary or appropriate.