

<b>Case Number:</b>	CM14-0059126		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	04/23/2010
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	04/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/29/2014

### 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 Preventative Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 patient is a 53 year old employee with date of injury of 4/23/2010. Medical records indicate the patient is undergoing treatment for chronic pain syndrome; reflex sympathetic dystrophy (RSD), right pronator syndrome; and anxiety. She is status-post left carpal tunnel release and status-post right median nerve release of the elbow and wrist (2010). She has severe right median sensory neuropathy at site of lesion proximal to the right forearm at the site of lesion per EMGNCV (9/2012). An MRI revealed multi-level cervical disc protrusion (8/2012). Subjective complaints include pain and sensitivity with right upper extremity allodynia. Without relief from ketamine injections, pain is severe when only taking oral medications. She rates her right forearm/elbow pain a 4/10; her neck pain 5/10; left wrist and hand pain with numbness and tingling at 4/10. She continues to have trouble sleeping and has depression and anxiety. Objective findings include allodynia and weakness in the right upper extremity combined with hyperalgesia. She has hyperhidrosis of the right hand and her fingers are discolored. The patient has "severe" findings of her upper right extremity CRPS. Her AP requested (but was denied) a spinal cord stimulator for the patient. Treatment has consisted of ketamine infusions (3-4); visits to a pain psychologist; Nucynta ER; Remeron; Xanax and Lidoderm patches. She has worn a bilateral wrist brace. The utilization review determination was rendered on 4/22/2014 recommending non-certification of Lidocaine pad 5% QTY: 30 with 3 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidocaine pad 5% QTY:30 with 3 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams Other Medical Treatment Guideline or Medical Evidence: UpToDate.com, Lidocaine (topical).

**Decision rationale:** California MTUS and ODG recommend usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Chronic Pain Medical Treatment Guidelines state, "Lidoderm is the brand name for a Lidocaine patch produced by Endo Pharmaceuticals. 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. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-pruritics. For more information and references, see Topical analgesics." Medical documents provided do not indicate that the use would be for post-herpetic neuralgia. Additionally, treatment notes did not detail other first-line therapy used and what the clinical outcomes resulted. As such, the request for a Lidocaine pad 5% QTY:30 with 3 refills is not medically necessary.