

<b>Case Number:</b>	CM14-0073861		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	01/24/2012
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	05/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/21/2014

### 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, and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 44 year old female was reportedly injured on 1/24/2012. The mechanism of injury is undisclosed. The claimant underwent a right cubital tunnel release and right carpal tunnel release on 4/17/2013. The previous utilization review referenced a progress note dated 4/22/2014; however, that progress note was not provided for this independent medical review. The reviewer indicated that the progress note documented ongoing complaints of right upper extremity pain. Exam revealed she was depressed and in acute pain. There was posterior elbow pain and tenderness and tenderness over the previous cubital tunnel release and over the carpal tunnel space, and no sensation on the small finger. No recent diagnostic imaging studies available for review. Previous treatment included Gabapentin, Lidoderm and Celebrex. A request was made for Lidocaine pad 5 percent quantity thirty with one refill, which was not certified in the utilization review on 5/2/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidocaine pad 5% #30 with one (1) refill:** 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 Page(s): 56.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) guidelines support the use of topical lidocaine for individuals with neuropathic pain that have failed treatment with first line therapy including antidepressants or antiepileptic medications. Review of the available medical records, documents chronic right upper extremity pain, numbness and tingling since 2012 that did not improve with two nerve decompression surgeries. There are no diagnostic studies confirming neuropathic or radicular pain; therefore, this request is not medically necessary.