

<b>Case Number:</b>	CM14-0088482		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	06/15/2004
<b>Decision Date:</b>	09/03/2014	<b>UR Denial Date:</b>	05/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2014

### 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 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 injured worker is a 58-year-old female who reported an injury on 06/15/2004. The mechanism of injury was not provided for clinical review. Diagnoses included right carpal tunnel release, right shoulder complete rotator cuff, right carpal tunnel syndrome, left carpal tunnel release, bilateral upper extremity forearm and wrist flexor and extensor tenosynovitis, bilateral wrist palmar fasciitis, and left shoulder periscapular myofascial strain. Previous treatments included acupuncture, surgery, EMG/NCV (electromyography and nerve conduction velocity), and physical therapy. On the clinical note dated 02/19/2014, it was reported the injured worker complained of frequent moderate pain. Upon the physical examination, the provider noted the injured worker's range of motion of the right shoulder was limited with flexion at 70 degrees and extension at 20 degrees. The provider requested lidocaine. However, a rationale was not provided for clinical review. The request for authorization was not provided for clinical review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidocaine 5% Patch (unspecified):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs Page(s): 111-112.

**Decision rationale:** The request for lidocaine 5% patch (unspecified) is non-certified. The California MTUS Guidelines recommend topical NSAIDs for the use of osteoarthritis and tendonitis, in particular that of the knee and/or elbow and other joints that are amenable. Topical NSAIDs are recommended for short term use of 4 to 12 weeks. Topical lidocaine is recommended for neuropathic pain and localized peripheral pain after there has been evidence of a trial of first line therapy. Topical lidocaine in the formulation of a dermal patch Lidoderm has been designated for orphan status by the FDA for neuropathic pain. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. The request submitted failed to provide the treatment site. The injured worker has been utilizing the medication since at least 04/2014 which exceeds the Guidelines recommendation of short term use of 4 to 12 weeks. Therefore, the request is non-certified.