

<b>Case Number:</b>	CM14-0099092		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	02/02/2009
<b>Decision Date:</b>	11/04/2014	<b>UR Denial Date:</b>	06/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/27/2014

### 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 Occupational Medicine 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:

There were 319 pages provided for this review. The claimant has low back pain that radiates into the right leg and spasms across the back. Medicines include metformin, Januvia, estradiol, Provera, omeprazole, bisoprolol, tramadol, Celebrex, carisoprodol and aspirin. The patient is status post left elbow cubital tunnel release on September 12, 2013, right elbow cubital tunnel release on June 13, 2013 with improvement, status post right hand carpal tunnel release on September 13, 2012, status post left hand carpal tunnel release revision on May 25, 2012 with improvement of the carpal tunnel symptoms, status post right shoulder arthroscopic subacromial decompression, cervical degenerative disc disease, gastritis on medicine, and lumbar degenerative disc disease.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm 5% patch #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 56 OF 127.

**Decision rationale:** 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. It is not clear the patient had forms of neuralgia, and that other agents had been first used and exhausted. The MTUS notes that further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. The request was not medically necessary.