

<b>Case Number:</b>	CM14-0206942		
<b>Date Assigned:</b>	12/18/2014	<b>Date of Injury:</b>	11/12/2013
<b>Decision Date:</b>	02/13/2015	<b>UR Denial Date:</b>	11/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2014

### 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 Rehab, has a subspecialty in Interventional Spine 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 patient is a 60 year old female with an injury date on 11/12/13. The patient complains of persistent cervical pain, bilateral shoulder pain, residual tingling in left long finger, and right wrist/hand pain with numbness/tingling per 9/23/14 report. The patient has difficulty with gripping/grasping, and is barely able to drive short distances as she has difficulty holding the steering wheel per 8/1/14 report. The patient's progress is slower than expected; with residual median neuritis 3 months post carpal tunnel release on left wrist per 8/1/14 report. Based on the 9/23/14 progress report provided by the treating physician, the diagnoses are: 1. Cervical strain/degenerative disc disease, possible HNP2. Right shoulder impingement syndrome3. Bilateral carpal tunnel syndrome (s/p endoscopic carpal tunnel release left wrist 5/14/14)4. Early degenerative osteoarthritis hands/fingersA physical exam on 9/23/14 showed "right shoulder tenderness to palpation at AC joint, footprint. Right shoulder range of motion is limited. Positive Tinel's and Phalen's sign bilaterally. No C-spine range of motion testing was included in reports. The patient's treatment history includes medications, physical therapy right shoulder/neck, home exercise program, bracing (unspecified). The treating physician is requesting Lidoderm 5% patches, #30. The utilization review determination being challenged is dated 11/20/14. The requesting physician provided treatment reports from 5/23/14 to 9/23/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm 5% patches, #30:** 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 Lidoderm (lidocaine patch) Topical Analgesics Page(s): 56-57; 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Lidoderm patches.

**Decision rationale:** This patient presents with neck pain, bilateral shoulder pain, and right upper extremity/wrist/hand pain. The treater has asked for Lidoderm 5% patches, #30 but the requesting progress report is not included in the provided documentation. Patient has been using Lidoderm since 6/12/14, where treater stated "trial Lidoderm for pain." MTUS guidelines page 57 states, "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)." MTUS Page 112 also states, "Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain." When reading ODG guidelines, it specifies that Lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documenting pain and function. In this case, the patient presents with arthritis of the hands/fingers, as well as neuropathic symptoms of the hands/fingers for which Lidoderm patches are indicated. The patient has been using Lidoderm patches since 6/12/14, however without documentation of effectiveness. Regarding medications for chronic pain, MTUS pg. 60 requires that the treater keep a record of pain and function. Due to a lack of sufficient documentation, the request is not medically necessary.