

<b>Case Number:</b>	CM14-0082115		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	04/10/2009
<b>Decision Date:</b>	01/05/2015	<b>UR Denial Date:</b>	05/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/03/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 is a 41-year-old female with a 4/10/09 date of injury, due to repetitive trauma. The progress notes indicated that the patient was utilizing Lidoderm patch at least from 11/2/10. The patient was seen on 5/9/14 with complaints of worsening right upper extremity symptoms and scapulothoracic pain radiating down to the right hand. Exam findings of the right extremity revealed intact sensation, DTRs +2 and symmetric, and 4-4+/5 muscle strength. There was allodynia and hyperpathia of the right arm present. The diagnosis is cervical myofascial pain syndrome with intermittent thoracic outlet symptomatology and neuropathic pain, bilateral lateral epicondylitis and right shoulder impingement syndrome. Treatment to date: work restrictions, acupuncture, Lidoderm patch and medications. An adverse determination was received on 5/19/14; however, the determination letter was not available for the review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidocaine Pad 5% #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Lidoderm

**Decision rationale:** CA MTUS states that 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). ODG states that Lidoderm is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points. The progress notes indicated that the patient was utilizing Lidoderm patch at least from 11/2/10; however, there is a lack of documentation indicating subjective and objective functional gains from prior use. In addition, there is a lack of documentation indicating that the patient tried and failed first-line oral therapy for neuropathic pain. Therefore, the request for Lidocaine Pad 5% #30 is not medically necessary.