

<b>Case Number:</b>	CM15-0001804		
<b>Date Assigned:</b>	01/12/2015	<b>Date of Injury:</b>	01/25/2002
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	12/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/05/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 51-year-old female sustained a work related injury on 01/25/2002. According to an office visit dated 12/09/2014, the injured worker complained of neck pain that radiated to the right shoulder, elbow, forearm, and thumb with numbness and tingling. She also reported right hand, thumb and wrist pain with tingling and numbness, left wrist and hand pain with mild numbness and tingling, insomnia due to pain and increased depression due to pain and frustration about her condition. Diagnoses included 1. overuse syndrome of both upper extremities, right greater than left, with right wrist, right thumb, right hand, right forearm, and right elbow (lateral and medial epicondylitis) tendonitis with right carpal tunnel syndrome status post-surgery two times on the right with complication of postoperative infection and second surgery on 05/01/2003 with continued significant residual. 2. Left wrist, hand strain/tendonitis status post left carpal tunnel release status post-surgery on 03/27/2003 with overall improved results. 3. Neuropathic pain syndrome/regional pain syndrome affecting the right upper extremity due to diagnosis number one. This was confirmed as a mild complex regional pain syndrome affecting the right upper extremity. 4. Right shoulder/trapezius strain. 5. Right cervical radiculopathy, spontaneous aggravation since 10/2012. On 12/05/2014, Utilization Review non-certified Lidoderm Patches 5% 10cm x 15 cm on for 12 hours and off for 12 hours. According to the Utilization Review physician, there is no support for any use of this medication in musculoskeletal pain or for the treatment of radiculopathy or any pain related to carpal tunnel syndrome. Guidelines cited for this review included CA MTUS Chronic Pain Treatment Guidelines page 112. The decision was appealed for an Independent Medical Review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm patches 5% 10cm X 15 cm size:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

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

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines page 112 states "Lidocaine Indication: Neuropathic pain 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). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The medical records submitted for review do not indicate that there has been a trial of first-line therapy (tri-cyclic or SNRI antidepressants or an AED). There is also no diagnosis of diabetic neuropathy or post-herpetic neuralgia. As such, lidoderm is not recommended at this time. The request is not medically necessary.