

<b>Case Number:</b>	CM15-0103965		
<b>Date Assigned:</b>	06/08/2015	<b>Date of Injury:</b>	01/15/2014
<b>Decision Date:</b>	07/08/2015	<b>UR Denial Date:</b>	05/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 53 year old female who sustained an industrial injury on 01/15/2014. Treatment provided to date has included: medications, and conservative therapies/care. Diagnostic tests performed include: EMG/NCV (electromyography/nerve conduction velocity) testing of the upper extremities (11/10/2014) showing evidence of bilateral carpal tunnel syndrome; x-rays of the right shoulder (11/04/2014) showing degenerative changes in the acromioclavicular joint; x-rays of the right wrist (11/04/2014) which was noted to be normal; x-rays of the left wrist (11/04/2014) which were noted to be normal; and MRI of the right hand (01/23/2015)/ right wrist (01/22/2015) with no results. Other noted dates of injury documented in the medical record include: 01/30/2014 and 02/04/2014. There were no noted comorbidities. On 03/25/2015, physician progress report noted complaints of constant and severe pain (rated 8/10) right shoulder pain that was described as achy and sharp with radiating pain into the right arm and lumbar spine with numbness, tingling, burning and weakness; constant and severe left wrist pain (rated 8/10) and described as dull and sharp and radiating to the left arm with numbness, tingling and weakness; and constant and severe left hand pain (rated 8/10) and described as dull and sharp with left hand pain radiating to the left arm with numbness, tingling, and weakness. The injured worker noted that her pain is aggravated by cold weather and repetitive movement, and relieved with rest. Current medications include Lidoderm patches. The physical exam revealed pain with grip testing, normal visual inspection of the right shoulder, restricted range of motion (ROM) in the right shoulder, pain with supraspinatus press and shoulder apprehension, normal visual inspection of the left wrist and hand, painful ROM in the left wrist and hand,

restricted ROM in the left wrist and left hand/fingers, pain with Phalen's test and a positive Froment's Paper. The provider noted diagnoses of right shoulder impingement syndrome, left carpal tunnel syndrome, left wrist internal derangement, and left hand joint pain. Plan of care includes Lidoderm patch every 12 hours, continue home exercise program, MRI of the right shoulder and left wrist (both pending), EMG/NCV (electromyography/nerve conduction velocity) testing (pending), and orthopedic consultation. Requested treatments include Lidoderm patches.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Lidoderm 5% patch:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medications, Pages 111- 113. Decision based on Non-MTUS Citation ODG, Pain, Lidoderm (Lidocaine patch), page 751.

**Decision rationale:** The patient exhibits diffuse tenderness and pain on the exam to the spine and extremities with radiating symptoms. The chance of any type of patch improving generalized symptoms and functionality significantly with such diffuse pain is very unlikely. Topical Lidoderm patch is indicated for post-herpetic neuralgia, according to the manufacturer. There is no evidence in any of the medical records that this patient has a neuropathic source for the diffuse pain. Without documentation of clear localized, peripheral pain to support treatment with Lidoderm along with functional benefit from treatment already rendered, medical necessity has not been established. There is no documentation of intolerance to oral medication. The Lidoderm 5% patch is not medically necessary or appropriate.