

<b>Case Number:</b>	CM15-0109202		
<b>Date Assigned:</b>	06/15/2015	<b>Date of Injury:</b>	04/06/2006
<b>Decision Date:</b>	07/14/2015	<b>UR Denial Date:</b>	06/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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:

The injured worker is a 58 year old female, who sustained an industrial injury on April 6, 2006. The mechanism of injury was not provided. The injured worker has been treated for neck and bilateral hand and wrist complaints. The diagnoses have included cervical/facetogenic pain, bilateral carpal tunnel syndrome and bilateral shoulder strain/impingement. Documented treatment to date has included medications and a home exercise program. Current documentation dated April 30, 2015 notes that the injured worker reported neck and bilateral hand and wrist pain. The pain was rated a four out of ten on the visual analogue scale with medications. Examination of the cervical spine revealed facet tenderness, trapezius muscles tenderness and a decreased and painful range of motion. Examination of the shoulders revealed a painful and decreased range of motion. A hand examination revealed a positive Tinel's sign and Phalen's maneuver bilaterally. The treating physician's plan of care included a request for Lidoderm Patches 5% # 30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics.

**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): 112 of 127.

**Decision rationale:** Regarding request for topical lidoderm, Chronic Pain Medical Treatment Guidelines recommend the use of topical lidocaine for localized peripheral pain after there has been evidence of a trial of the 1st line therapy such as tri-cyclic antidepressants, SNRIs, or antiepileptic drugs. Within the documentation available for review, there is no indication that the patient has failed first-line therapy recommendations. As such, the currently requested lidoderm is not medically necessary.