

<b>Case Number:</b>	CM15-0140873		
<b>Date Assigned:</b>	07/30/2015	<b>Date of Injury:</b>	05/30/2003
<b>Decision Date:</b>	09/03/2015	<b>UR Denial Date:</b>	07/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/20/2015

### 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, Occupational Medicine

### 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 with an industrial injury dated 05-30-2003. Her diagnoses included chronic bilateral carpal tunnel syndrome, chronic bilateral shoulder impingement, chronic cervical pain status post fusion, chronic depression, and chronic bilateral nerve entrapment at the elbows, chronic intractable spinal pain and chronic bilateral TMJ syndrome. Comorbid conditions were diabetes mellitus type II nonindustrial, hepatic encephalopathy and pyelonephritis with sepsis. Prior treatment included cervical surgery, medications and diagnostics. She presents on 04-13-2015 with neck pain, bilateral shoulder pain, upper and lower back pain, headaches and pain in her jaw. She had been seen at the emergency room and received Oxycodone however it was making her "throw up." Physical exam revealed positive Tinel test at both wrists for carpal tunnel. There was bilateral TMJ tenderness. There was paracervical tenderness, parathoracic tenderness and paralumbar tenderness. There was cervical, thoracic and lumbar spasm present. The treatment plan included to follow up on pain management consult, medications and Lidoderm patch. The treatment request is for Lidoderm patches 5% quantity 90 with 3 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm patches 5% #90 with 3 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Page(s): 56-57, 111-112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm  
Page(s): 56-7.

**Decision rationale:** MTUS 2009 states that Lidoderm patches are an option to treat painful peripheral neuropathies such as post herpetic neuralgia and diabetic neuropathy. The electrodiagnostic studies support the diagnosis of a generalized peripheral neuropathy. However, clinical examinations do not describe pain in the lower extremities which would be consistent with pain due to a peripheral neuropathy. Lidoderm patches are indicated for diabetic neuropathy. However, the medical records do not state if the Lidoderm patches are prescribed for the diabetic neuropathy for which they are indicated. This request for Lidoderm patches is not medically necessary based upon the information provided in the medical records.