

<b>Case Number:</b>	CM15-0141795		
<b>Date Assigned:</b>	07/31/2015	<b>Date of Injury:</b>	12/24/2013
<b>Decision Date:</b>	08/28/2015	<b>UR Denial Date:</b>	07/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 27 year old male, who sustained an industrial injury on 12-24-2013, as a result of a motor vehicle accident. Diagnoses include pain in joint hand. Treatment to date has included conservative measures including physical therapy, trigger point injections, cortisone injections to the wrist, acupuncture and medications including Gabapentin, Nabumetone-Relafen, Omeprazole, Lidoderm patch, Norco and Senna. Per the Primary Treating Physician's Progress Report dated 6-18-2015, the injured worker reported mid thoracic pain and left wrist and hand pain. Physical examination of the hand revealed some decreased sensation along the left thumb. Coordination was poor with rapid thumb and finger movement on the left, compared to the right. Motor function to the left thumb with 4 finger opposition testing is 4+ out of 5 on the left and finger abduction opposition testing is 4+ out of 5 on the left. There was tenderness to palpation over the dorsum and palmar aspect of the left wrist. There was tenderness to palpation of the thoracic spine. The plan of care included 10 visits of left hand therapy and medications and authorization was requested for Lidocaine pads 5% #30.

### 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:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

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

**Decision rationale:** According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anti-convulsants have failed. Lidocaine is 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). In this case the claimant did not have the above diagnoses. Long-term use of topical analgesics such as Lidocaine pads are not recommended. The claimant had been on oral opioids without indication in reduction of use. The request for Lidocaine pads is not medically necessary.