

<b>Case Number:</b>	CM15-0182209		
<b>Date Assigned:</b>	09/23/2015	<b>Date of Injury:</b>	11/13/2001
<b>Decision Date:</b>	10/27/2015	<b>UR Denial Date:</b>	09/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2015

### 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: Massachusetts

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:

This is a 69-year-old female worker with a date of injury 11-13-2001. The medical records indicated the injured worker (IW) was treated for left complex regional pain syndrome I and II; left de Quervain's; and left causalgia. In the 8-27-15 progress notes, the IW reported pain in the bilateral wrists rated 9 out of 10, with associated numbness, weakness and tingling. She was two weeks postop open reduction, internal fixation of the left wrist. Her pain and other symptoms were worse than her previous exam on 5-26-15. Medications were Cymbalta and Lidoderm patches. She was retired. Objective findings on 5-26-15 and 8-27-15 included range of motion of the bilateral wrists barely 50% of full. At the later exam, there was mild edema present. The scar on the left inner wrist was healing well. She had almost no opposability due to pain from the surgical procedure. Remote treatment notes (3-15-2006) stated the IW had taken Neurontin for neuropathic pain and it did not substantially reduce her pain. Treatments included medications, left carpal tunnel release (2002), left stellate ganglion nerve blocks (2003) and physical therapy. She also received psychotherapy. The treatment plan was for continued current medications and follow-up visit. A Request for Authorization dated 8-27-15 was received for Lidoderm patches 5%, #30 with 2 refills. The Utilization Review on 9-10-15 non-certified the request for Lidoderm patches 5%, #30 with 2 refills because there was no documentation of the clinical condition for which this medication is indicated.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm patches 5% #30 with 2 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch), Topical Analgesics.

**Decision rationale:** The claimant has a history of a cumulative trauma work injury while working as a receptionist with date of injury in November 2001. She had left carpal tunnel release surgery in July 2002 and surgery was performed on the right side in July 2007. When seen, she had undergone ORIF of a left wrist fracture approximately 2 weeks before. She was having bilateral wrist pain rated at 9/10. Physical examination findings included less than 50% wrist range of motion. There was mild edema. Her surgical wound was healing nicely. A three-month supply of Cymbalta and Lidoderm was prescribed. Topical Lidocaine in a formulation that does not involve a dermal-patch system can be recommended for localized peripheral pain. Lidoderm is not a first-line treatment and is only FDA approved for postherpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post herpetic neuralgia. In this case, other topical treatments could be considered. Lidoderm is not considered medically necessary.