

<b>Case Number:</b>	CM15-0184459		
<b>Date Assigned:</b>	09/24/2015	<b>Date of Injury:</b>	12/08/2009
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	09/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2015

### 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, Hawaii  
 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 male who sustained an industrial injury on 12-08-2009. Current diagnoses include cervical radiculopathy, status post cervical discectomy and fusion on 03-2010, cervical spine post C5 and C6 ACDF with mature interbody osseous fusion, left wrist carpal tunnel syndrome, right hand, thumb, index and ring trigger release on 03-19-2015, right wrist status post carpal tunnel release on 03-19-2015, lumbar radiculopathy, lumbar spine posterior interbody fusion in 12-2010, and lumbar spine microdiscectomy, probably at L4-5 in 2008. Report dated 09-02-2015 noted that the injured worker presented with complaints that included neck pain, bilateral wrist-hand pain with numbness and tingling with reduced range of motion, and low back pain with limited range of motion. Pain level was not included Physical examination performed on 09-02-2015 revealed decreased sensation in the left index, middle, and ring finger, trigger of the left index finger, positive Phalen's and Tinel's in the median nerve only, lumbar spine tenderness, pain with flexion and extension, and decreased sensation in the entire right foot, left heel and dorsum of the left foot. Previous diagnostic studies include MRI's and EMG-NCV study. Previous treatments included medications, surgical interventions, psychotherapy, and occupational therapy. The treatment plan included continuing use of Celebrex, Flexeril, Norco, and a trial of Lidoderm patches, request for additional occupational therapy, awaiting authorization for pre operative labs and cold unit, and left carpal tunnel release surgery is set for 09-24-2015. The utilization review dated 09-09-2015, non-certified the request for Lidoderm patches.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm patch 5% #30:** Overturned

**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).

**Decision rationale:** The patient presents with bilateral hands, low back and neck pain. The current request is for Lidoderm Patch 5% #30. The treating physician's report dated 08/25/2015 (161B) states, "Trial of Lidoderm patch half patch place over each wrist 12 hours on and 12 hours off, #30." Medical records do not show any history of Lidoderm patch use. The MTUS guidelines page 57 states, "topical lidocaine may be 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." MTUS Page 112 also states, "Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain." When reading ODG guidelines, it specifies that Lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documenting pain and function. In this case, the patient does present with localized peripheral pain for which Lidoderm patches are indicated. It also appears that the physician would like to trial Lidoderm patches to determine its efficacy in terms of pain relief and functional improvement. The current request is medically necessary.