

<b>Case Number:</b>	CM15-0032111		
<b>Date Assigned:</b>	02/25/2015	<b>Date of Injury:</b>	12/01/2009
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	02/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, 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 applicant is a represented 33-year-old who has filed a claim for chronic elbow and arm pain reportedly associated with an industrial injury of December 1, 2009. In a Utilization Review report dated February 6, 2015, the claims administrator failed to approve a request for topical Lidoderm patches. The claims administrator referenced a January 13, 2015 date of service in its determination. The applicant's attorney subsequently appealed. On said January 23, 2015 progress note, the applicant reported ongoing complaints of hand, wrist, and arm pain. The applicant was off of work and had not worked since March 2012, it was acknowledged. The applicant gained 50 pounds, it was reported. The applicant reported she was unable to lift articles weighing greater than 5 pounds. TENS units supplies, Norco, Lidoderm patches, and Motrin were endorsed while the applicant was given extremely proscriptive 5-pound lifting limitation. It was acknowledged that the applicant was not working with said limitations in place. Gripping and grasping remained problematic, the treating provider reported. No seeming discussion of medication efficacy transpired.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm Patches 5% QTY: 30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction, Topical Analgesics.

**Decision rationale:** No, the request for topical Lidoderm patches was not medically necessary, medically appropriate, or indicated here. While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical lidocaine is indicated in the treatment of localized peripheral pain or neuropathic pain in applicants in whom there has been a trial of first-line therapy with antidepressants and/or anticonvulsants, here, however, the January 13, 2015 office visit at issue made no mention of the applicant's having tried and/or failed antidepressant adjuvant medications or anticonvulsant adjuvant medications prior to introduction, selection, and/or ongoing usage of the Lidoderm patches in question. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and page 47 of the ACOEM Practice Guidelines both stipulate that an attending provider should incorporate some discussion of efficacy of medication into his choice of recommendations. Here, however, the applicant remained off of work, it was acknowledged on January 13, 2015, despite ongoing usage of Lidoderm patches. Activities of daily living as basic as gripping and grasping remained problematic, the treating provider reported on that date. The applicant remained dependent on opioid agents such as Norco, despite ongoing Lidoderm patch usage. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the same. Therefore, the request is not medically necessary.