

<b>Case Number:</b>	CM15-0057139		
<b>Date Assigned:</b>	04/02/2015	<b>Date of Injury:</b>	04/08/2005
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/25/2015

### 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 57 year old female who sustained a cumulative industrial injury on April 8, 2005. There was no documentation of surgical interventions. The injured worker was diagnosed with cervical spine and trapezial sprain/strain with muscle contraction and myofascial pain syndrome with right upper extremity complex regional pain syndrome. According to the primary treating physician's progress report on February 17, 2015, the injured worker continues to experience pain and presented for medication management. Examination of the right arm demonstrated atrophy, tenderness and hypersensitivity to light touch. Right wrist was unchanged. Current medications are listed as Cymbalta, Trazodone, Zanaflex, Ambien, Clonazepam, and Nucynta. Treatment plan consists of continue home exercise program, right wrist brace, left wrist splint, increase Nucynta and add the request for Lidoderm patch for pain control to the medications regimen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm patch 5%:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-Lidoderm patches.

**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 anticonvulsants 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). Lidoderm has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. In this case the claimant did not have the above diagnoses. Long-term use of topical analgesics such as Lidoderm patches are not recommended. The claimant had been on Lidoderm for several months in combination with oral analgesics. The request for continued and long-term use of Lidoderm patches as above is not medically necessary.