

<b>Case Number:</b>	CM14-0122876		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	09/18/2008
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	07/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/04/2014

### 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. The expert reviewer is Board Certified in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 61-year-old male who sustained an injury on September 18, 2002. He is diagnosed with (a) triangular fibrocartilage complex tear, (b) numbness, (c) ulnar neuropathy, (d) wrist tendonitis, and (e) reflex sympathetic dystrophy of the upper extremity. He was seen on July 11, 2014 for an evaluation. He complained of pain over the palmar aspect of the right wrist and forearm. The pain was described as aching and numbing and was rated at 9/10 without pain medications and 3/10 with pain medications. Examination of the right upper extremity revealed tenderness over the lateral epicondyle, extensor muscles, medial epicondyle, radial wrist, ulnar wrist, volar wrist, dorsal wrist, and volar hand at the thenar and hypothenar eminences. Strength was 4+/5. Tinel's sign was positive over the cubital tunnel.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm Patch 5% #90 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines FDA Approved use-Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine patch) Page(s): 56-57.

**Decision rationale:** This medication is Food and Drug Administration-approved only for cases of postherpetic neuralgia. Based on the reviewed medical records, the history of injured worker is not significant for this condition. Therefore, the requested service is not considered medically necessary at this time.