

<b>Case Number:</b>	CM14-0126065		
<b>Date Assigned:</b>	08/13/2014	<b>Date of Injury:</b>	05/17/2004
<b>Decision Date:</b>	10/09/2014	<b>UR Denial Date:</b>	07/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/08/2014

### 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 Family Medicine and is licensed to practice in Utah. 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 patient is a 48 year-old female. The patient's date of injury is 5/17/2004. The mechanism of injury is not discussed in the clinical documents. The patient has been diagnosed with left wrist pain, with neck pain. The patient's treatments have included medications as listed below. The physical exam findings dated 6/16/2014 shows that patient moving slowly in the office, the affect is blunted. Sensation is noted to be intact in the upper extremities to light touch and temperature. The Hoffman's reflex is absent, and two-point discrimination testing in the distal digits along the palmar aspect is equivocal. The patient's medications have included, but are not limited to, Norco, Xanax, Tizanidine. The request is for Lidocaine and Compounded Hydrocodone.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Med Refill Lidocaine HCI 5%:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

**Decision rationale:** The MTUS guidelines state that Lidocaine may be used for peripheral pain, after there has been a trial of first-line therapy (such as tri-cyclic or SNRI antidepressants or AED such as Gabapentin or Lyrica) Topical lidocaine in the form of a patch has been designated for orphan status by the FDA for neuropathic pain. According to the clinical documentation provided and current MTUS guidelines; there is no indication that first line medications were used and failed previously to the Lidocaine. Therefore, Lidocaine as written above is not indicated as a medical necessity to the patient at this time.

**Compounded Hydrocodone XL 45mg #60 Refill: 0:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

**Decision rationale:** The MTUS guidelines state that Topical Analgesics may be used for peripheral pain, after there has been a trial of first-line therapy (such as tri-cyclic or SNRI antidepressants or AED such as Gabapentin or Lyrica). According to the clinical documentation provided and current MTUS guidelines; there is no indication that first line medications were used and failed previously to the Compounded Hydrocodone. Therefore, Compounded Hydrocodone as written above is not indicated as a medical necessity to the patient at this time.