

<b>Case Number:</b>	CM14-0132697		
<b>Date Assigned:</b>	08/22/2014	<b>Date of Injury:</b>	04/02/2011
<b>Decision Date:</b>	11/10/2014	<b>UR Denial Date:</b>	08/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2014

### 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 Physical Medicine and Rehabilitation 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:

This 38 year-old seamstress sustained an injury to the hand/wrist on 4/2/11 from repetitive stress while employed by [REDACTED]. Request(s) under consideration include Refill Lidoderm film 5% 1 patch qd prn 12 hrs on 12hrs off x30 days no refills. Diagnoses included DeQuervain's disease and Lateral and medial epicondylitis s/p right wrist extensor tenotomy of first dorsal compartment and EPB tenosynovectomy on 4/9/13. Conservative care has included medications, therapy, bracing, cortisone injections, and modified activities/rest. Report of 8/1/14 from the provider noted the patient with ongoing chronic symptoms in the hand with associated numbness/tingling. Exam showed diffuse tenderness on palpation. Medications list Lidoderm, Hydrocodone, Ketoprofen, and Voltaren gel. The request(s) for Refill Lidoderm film 5% 1 patch qd prn 12 hrs on 12hrs off x30 days no refills was non-certified on 8/18/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Refill Lidoderm film 5% 1 patch qd prn 12 hrs on 12hrs off x30 days No refills:** 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 Topical Medications Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Lidoderm (Lidocaine patch), page 751

**Decision rationale:** The injured worker exhibits diffuse tenderness and pain on the exam to the extremities with radiating symptoms. The chance of any type of patch improving generalized symptoms and functionality significantly with such diffuse pain is very unlikely. Per Guidelines, Topical Lidoderm patch is indicated for post-herpetic neuralgia, according to the manufacturer. There is no evidence in any of the medical records that this patient has a neuropathic source for the diffuse pain. Without documentation of clear localized, peripheral pain to support treatment with Lidoderm along with functional benefit from treatment already rendered, medical necessity has not been established. There is no documentation of intolerance to oral medication as the injured worker is also on multiple other oral analgesics. Refill Lidoderm film 5% 1 patch qd prn 12 hrs on 12hrs off x30 days No refills is not medically necessary.