

<b>Case Number:</b>	CM14-0166440		
<b>Date Assigned:</b>	10/13/2014	<b>Date of Injury:</b>	10/10/2013
<b>Decision Date:</b>	11/13/2014	<b>UR Denial Date:</b>	10/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2014

### 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 New Jersey & New York. 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 57 year-old male who was injured on 10/10/13 when he fell 8 feet onto concrete. He was diagnosed with a left elbow fracture that was treated with an open reduction internal fixation on 10/15/13, followed by irrigation and debridement of wound and then repair of nonunion of a fracture with an iliac graft, plate, and screws in 2/2014. He complained of left elbow pain, numbness, and tingling. Due to the pain and disability, the patient suffered from alcohol abuse. On exam, he had decreased range of motion of his left elbow with slightly decreased strength due to pain. He had normal sensation. His medications included postoperative narcotics, anti-inflammatories, muscle relaxant, and topical Biofreeze. He was taken off anti-inflammatories and was advised to take Tylenol. The patient was recommended physical therapy, cognitive behavioral therapy, and topical Lidocaine for "postoperative tingling".

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LIDOCAINE 5% PATCH:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm, topical analgesics Page(s): 56-57, 111-112.

**Decision rationale:** According to MTUS guidelines, Lidoderm is not first line treatment and is only FDA approved for post-herpetic neuralgia. More research is needed to recommend it for chronic neuropathic pain other than post-herpetic neuralgia. However, the patient does even not have documented neuropathic exam findings or diagnosis. Therefore, the request is not medically unnecessary.