

<b>Case Number:</b>	CM14-0098267		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	06/13/1955
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	06/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 59 year old female who was injured on 7/2/2008. The diagnoses are bilateral carpal tunnel syndrome, neck pain, bilateral shoulders pain and right upper extremity pain. There are associated diagnoses of anxiety, depression, insomnia and Complex Regional Pain Syndrome (CRPS) of the right upper extremity. The past surgery history is significant for multiple right upper extremities surgeries following a crush injury. On 7/14/2014, Dr. [REDACTED] noted subjective complaints of 7-10/10 pain score on a scale of 1 to 10. There were objective signs of swelling, and decreased in range of motion of the right hand amputation stump and residual digits. The patient was said to have failed treatment with Zoloft, Cymbalta, Lyrica, Tramadol and Norco. The patient completed PT program. A Utilization Review determination was rendered recommending non certification for Lidoderm 5% 1box x2 and ibuprofen 600mg #90 prescribed 5/9/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective (DOS: 5/9/14) Lidoderm 5% Patch #1 box x2:** Overturned

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

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

**Decision rationale:** The CA MTUS recommend that Lidoderm can be utilized as a second line medication in the treatment of localized neuropathic pain. The records indicate that the patient was diagnosed with CRPS of the right hand following a crush injury. There is documentation of ongoing swelling and local signs of CRPS neuropathic pain. Dr. [REDACTED] indicated that the patient had failed treatment with first line medications including Cymbalta, Zoloft, Lyrica, Tramadol and Norco. The criteria for the use of Lidoderm 5% 1 box x2 were met.

**Retrospective (DOS: 5/9/14) Ibuprofen 600mg #90 x2:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs  
Page(s): 67-73.

**Decision rationale:** The CA MTUS recommend that NSAIDs can be utilized for the treatment of exacerbations of musculoskeletal pain. The use of NSAIDs should be limited to the lowest effective dose for the shortest periods to decrease the incidence of cardiovascular, renal and gastrointestinal side effects. The records indicate that ibuprofen is being utilized to treat exacerbation of neuropathic pain from CRPS and musculoskeletal joints pain. The patient had failed non NSAIDs medications and PT. The criteria for the use of ibuprofen 600mg #90 were met.