

<b>Case Number:</b>	CM14-0202139		
<b>Date Assigned:</b>	12/12/2014	<b>Date of Injury:</b>	03/05/1995
<b>Decision Date:</b>	01/29/2015	<b>UR Denial Date:</b>	11/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/03/2014

### 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 Internal Medicine, 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 (IW) is a 47-year-old woman with a date of injury of March 5, 1996. The mechanism of injury was not documented in the medical record. The injured worker's working diagnoses are carpal tunnel syndrome; radial styloid tenosynovitis, right; lateral epicondylitis, right; unspecified myalgia and myositis, right. Pursuant to the progress note dated October 28, 2014, the IW complains of ongoing pains in her hands, neck and shoulder. She has deep aching pains and numbness in her hands. She reports more sleep disturbances due to the pain. The provider reports that the IW is having a flare-up of her neck pain, right shoulder pain, right elbow pain and right hand. Physical exam indicates the IW appears to be depressed, fatigued, and in moderate pain. The following pain behaviors were observed: Extremely slow movements and moving in a guarded or protective fashion. Examination of the right shoulder reveals restricted motion with flexion limited to 140 degrees due to pain. Extension is 40 degrees, abduction is 90 degrees, and internal rotation is 40 degrees. Neer's test is positive. Examination of the right elbow reveals tenderness to palpation at the lateral epicondyle and medial epicondyle. Review of systems was negative. Current medications include Naproxen sodium 550mg, Pantoprazole sodium Dr 40mg, and Lidoderm 5% patches. According to a progress note dated January 20, 2012, the IW was using Lidoderm patches at that time. There are no detailed pain assessments of evidence of objective functional improvement associated with the long-term use of Lidoderm patches. The current request is for Lidoderm 5% (700mg/patch) with 5 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm 5%, 700mg patch with 5 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Section, Topical Analgesics.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Lidoderm 5% 700 mg patch with five refills is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Lidoderm indications are for localized pain consistent with a neuropathic etiology. In this case, the injured worker's working diagnoses are for carpal tunnel syndrome; radial styloid tenosynovitis; lateral epicondylitis; and unspecified myalgia and myositis. Documentation in the medical record indicates injured worker was using the Lidoderm patch as far back as January 20, 2012. The instructions indicate "apply to arm as needed every 12 hours". Lidoderm has been used through the present. The documentation does not contain any evidence of objective functional improvement continued use of Lidoderm. Additionally, a recent examination documented reported ongoing pain and continued sleep disturbance. Consequently, absent the appropriate clinical information with objective functional improvement, Lidoderm 5% 700 mg patch with five refills is not medically necessary.