

<b>Case Number:</b>	CM14-0068628		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	08/30/2011
<b>Decision Date:</b>	02/11/2015	<b>UR Denial Date:</b>	04/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/13/2014

### 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 Rehab, and is licensed to practice in Texas & Ohio. 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 62-year-old male who reported an injury on 08/30/2011 reportedly sustained by moving some plates with his right hand and developed pain in his right thumb. The injured worker's treatment history included medications, physical therapy, occupational therapy, and acupuncture. Within the documentation that was submitted, the provider noted the injured worker was having good relief with ongoing acupuncture for his right thumb. Pain was rated 4/10. It was noted the injured worker continued to work. Diagnoses included tenosynovitis and osteochondritis. The request for authorization dated 03/26/2014 was for Lidoderm patch 5% however, the rationale was not submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm patch 5% #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm patches Page(s): 56-57 and 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Lidoderm Page(s): 56 & 57.

**Decision rationale:** The California MTUS Guidelines indicate that topical lidocaine is recommended for localized peripheral pain after there has been evidence of a trial and failure of

first line therapy. This is not a first line treatment and is only FDA approved for postherpetic neuralgia. It is only recommended in the form of the Lidoderm patch. The clinical documentation submitted for review failed to indicate the outcome measurements of home exercise regimen and long-term functional goals for the injured worker. The documents submitted the provider noted injured worker is receiving "good relief" from ongoing acupuncture. The duration of use could not be established through supplied documentation. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Lidoderm (lidocaine patch 5%) #30 is not medically necessary.