

<b>Case Number:</b>	CM15-0112071		
<b>Date Assigned:</b>	06/18/2015	<b>Date of Injury:</b>	01/17/2012
<b>Decision Date:</b>	07/17/2015	<b>UR Denial Date:</b>	05/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/10/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 50 year old male, who sustained an industrial injury on 1/17/12. He reported initial complaints of neck and upper extremities pain. The injured worker was diagnosed as having spinal stenosis; brachial neuritis or radiculitis NOS; disorders of the bursae and tendons of the shoulder region, unspecified; lesions of the ulnar nerve; sprain of unspecified site of elbow and forearm; carpal tunnel syndrome; superior glenoid labrum lesion. Treatment to date has included medications. Currently, the PR-2 notes dated 5/8/15 and is hand written and difficult to decipher. The note indicated the injured worker complains of Tylenol #3 causing gastrointestinal problems and has stopped taking this medicine. His GI symptoms have significantly improved without this pain medicine. However, his bilateral hands/arms continue with pain usually 8/10 and constant, dull, achy, and tingling with swelling. The provider is going to prescribe Lidoderm patches as they will avoid oral GI irritation. The injured worker has an evaluation with internal medicine and has a follow-up. The provider is requesting authorization of Lidoderm 5% patches #30 with one refill.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm 5% patches, Qty 30 with 1 refill: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine (lidoderm) Page(s): 56-57.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Lidoderm (lidocaine patch) p56-57 (2) Topical Analgesics, p111-113 Page(s): 56-57, 111-113.

**Decision rationale:** The claimant sustained a work injury in January 2012 and continues to be treated for neck and bilateral upper extremity pain. When seen, he had been unable to tolerate taking Tylenol #3 and had discontinued the medication with a resolution of gastrointestinal symptoms. Pain was rated at 8/10. Physical examination findings were unchanged from the previous examination. In terms of topical treatments, topical lidocaine in a formulation that does not involve a dermal-patch system could be recommended for localized peripheral pain. Lidoderm is not a first-line treatment and is only FDA approved for post herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post herpetic neuralgia. In this case, there are other topical treatments that could be considered. Therefore, Lidoderm is not medically necessary.