

<b>Case Number:</b>	CM15-0115679		
<b>Date Assigned:</b>	06/24/2015	<b>Date of Injury:</b>	06/29/2007
<b>Decision Date:</b>	07/29/2015	<b>UR Denial Date:</b>	05/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2015

### 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: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 68 year old male who sustained an industrial injury on 06/29/2007. The mechanism of injury and initial report are not found in the records reviewed. The injured worker was diagnosed as having carpal tunnel syndrome and chronic pain syndrome, hand pain, depression and anxiety. Treatment to date has included medications and psychological counseling for anxiety and depression. Currently, the injured worker complains of exacerbated physical pain, irritability, anxiety and apathy. On examination he is felt to be stable. He has symptoms of neuropathic pain in the arms. Medications have included Nabumethone, and Lidocaine pads. The treatment plan includes continuation of the Lidoderm patches which he feels decrease spasm allowing him to get dressed and do self-care, encourage his home exercise program, and complete the authorized acupuncture treatment. A request for authorization is made for Nabumetone 750mg QTY 30 with 4 refills, and Lidocaine pad 5% QTY: 30 with 4 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidocaine pad 5% QTY: 30 with 4 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 57, 112.

**Decision rationale:** The records indicate that the patient has ongoing pain in the upper extremity. The current diagnosis is carpal tunnel syndrome. The current request is for Lidocaine pad 5% day supply: 10 QTY: 30 refills. The MTUS guidelines page 57 states, "topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica)." MTUS Page 112 also states, "Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain." When reading ODG guidelines, it specifies that lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documenting pain and function. In this case, there is no documentation of failure of trials of oral analgesics such as antidepressants or anticonvulsants. The available medical records do not establish necessity for the current request and is not medically necessary.