

<b>Case Number:</b>	CM15-0117338		
<b>Date Assigned:</b>	06/25/2015	<b>Date of Injury:</b>	06/05/2009
<b>Decision Date:</b>	07/24/2015	<b>UR Denial Date:</b>	06/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/17/2015

### 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: Connecticut, California, Virginia  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 42 year old female, who sustained an industrial injury on 6/05/2009. Diagnoses include ankle/foot synovitis. Treatment to date has included surgical intervention (left elbow 2013), physical therapy, cortisone injections, cervical epidural steroid injections, medications including Percocet, Neurontin, Lorazepam, Robaxin, Relafen, Prilosec, Lidoderm patch and topical compound creams, chiropractic treatment and pain management. Per the Primary Treating Physician's Progress Report dated 3/19/2015, the injured worker reported neck pain radiating to the left upper extremity and pain in the left shoulder, elbow, hand, right knee, right foot and right ankle. She rates her pain as a 6/10 with medication and 10/10 without medications. Physical examination of the cervical spine revealed limited range of motion of the cervical spine in flexion and extension secondary to increased pain, tightness and stiffness. She has tenderness over the bilateral occipital nerves, significant tenderness over the cervical paraspinous processes and interspaces C4-7 and tenderness over the cervical facet joints C4-7 bilaterally with a positive provocation test. Here was tightness, tenderness and trigger points. Examination of the elbow revealed minimal tenderness over the lateral epicondyle and significant tenderness over the medial epicondyle on the left. Knee/ankle examination revealed tenderness over the right knee joint with increased pain in flexion and extension. The plan of care included medication management and authorization was requested for Lidoderm patch 5% #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm patch 5%, #60:** Upheld

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

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

**Decision rationale:** The MTUS chronic pain guidelines recommend consideration of topical lidocaine for localized peripheral pain after trials of first line therapies to include tricyclics/ SNRIs or AEDs such as gabapentin, etc. Topical lidocaine is not considered appropriate as a first-line treatment, and in this case the chronic nature of the case brings into question the efficacy of chronic treatment. There is no considerable objective evidence of functional improvement in the provided records to support continued use of Lidoderm patches, and therefore the request for topical lidocaine is not medically necessary.