

<b>Case Number:</b>	CM15-0175477		
<b>Date Assigned:</b>	09/16/2015	<b>Date of Injury:</b>	04/26/2008
<b>Decision Date:</b>	10/23/2015	<b>UR Denial Date:</b>	08/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/05/2015

### 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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 59 year old female, who sustained an industrial injury on April 26, 2008. On May 26, 2015 the injured worker was evaluated. She reported unresolved pain in the right upper extremity. The evaluating physician noted that her previous pain management doctor "was unable to control her pain. They wanted to do things to her that she just cannot tolerate due to the overlying psychological issues." On physical examination the injured worker's right upper extremity about the wrist and the dorsum of the hand was ecchymotic, swollen and hyperesthetic to touch. She was continued on Valium, Lidoderm patches, ibuprofen and Voltaren gel. On July 21, 2015 the injured worker "continues to suffer with her complex regional pain syndrome" without resolution. On physical examination, the injured worker's "right shoulder, right elbow and right wrist is unfortunately unchanged." She had discoloration, swelling and a loss of range of motion. The hyperesthesia was most apparent about the wrist and hand. She had stiffness in the hand and poor grip strength. Her medications included Valium, Lidoderm patches 5%, and Voltaren gel. She had used Lidoderm patches 5% since at least January 13, 2015. The injured worker was diagnosed as having other tenosynovitis of the right wrist and hand, carpal tunnel syndrome, and disturbance of skin sensation. Treatment to date has included topical pain patches, anxiolytic medications, and psychological interventions. A request for authorization for Lidoderm patch 5% one patch every twelve hours on and twelve hours off #30 was received on July 27, 2015. On August 4, 2015, the Utilization Review physician determined Lidoderm patch 5% one patch every twelve hours on and twelve hours off #30 was not medically necessary.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Lidoderm Patch 5% every twelve hours on and twelve hours on:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch), Topical Analgesics.

**Decision rationale:** Regarding request for topical Lidoderm, Chronic Pain Medical Treatment Guidelines recommend the use of topical Lidocaine for localized peripheral pain after there has been evidence of a trial of the 1st line therapy such as tri-cyclic antidepressants, SNRIs, or antiepileptic drugs. Within the documentation available for review, there is no indication that the patient has failed first-line therapy recommendations. Additionally, there is no documentation of analgesic effect or objective functional improvement as a result of the currently prescribed Lidoderm. As such, the currently requested Lidoderm is not medically necessary.