

<b>Case Number:</b>	CM15-0175830		
<b>Date Assigned:</b>	09/17/2015	<b>Date of Injury:</b>	01/04/2013
<b>Decision Date:</b>	10/23/2015	<b>UR Denial Date:</b>	08/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2015

### 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: Texas, New York, California  
 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 applicant is a represented [REDACTED] employee who has filed a claim for elbow, hand, finger, low back, wrist, and shoulder pain reportedly associated with an industrial injury of January 4, 2013. In a Utilization Review report dated August 14, 2015, the claims administrator failed to approve a request for Lidoderm patches. An August 11, 2015 office visit was referenced in the determination. The applicant's attorney subsequently appealed. On February 19, 2015, the applicant reported multifocal complaints of low back, shoulder, elbow, wrist, hand, and knee pain. The applicant was asked to employ Norco, tramadol, and a flurbiprofen-lidocaine containing cream while remaining off of work, on total temporary disability. A knee sleeve and physical therapy were endorsed. On August 11, 2015, the applicant was again placed off of work, on total temporary disability. The applicant was described as status post earlier ganglion cyst excision, trigger finger injection, and ulnar nerve decompression. The applicant had no further triggering or discomfort about the wrist or finger. The applicant reported a little soreness about the elbow but denied any issues with numbness or tingling about the hand. The applicant had sustained a recent elbow contusion, it was reported. Oral Voltaren, Protonix, and Ultram were endorsed. The applicant was described as having mechanical elbow pain at the surgical site with resolution of neurogenic symptoms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm patches, 1 box:** 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): Introduction, Topical Analgesics.

**Decision rationale:** No, the request for topical Lidoderm patches was not medically necessary, medically appropriate, or indicated here. While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical lidocaine is indicated in the treatment of localized peripheral pain or neuropathic pain in applicants in whom there has been a trial of first-line therapy with antidepressants and/or anticonvulsants, here, however, the applicant's presentation was not, however, suggestive or evocative of neuropathic pain which, per page 3 of the MTUS Chronic Pain Medical Treatment Guidelines, is characterized by symptoms such as lancinating, electric shock-like, paroxysmal, tingling, numbing, or burning sensation. Here, however, the August 11, 2015 progress note stated that the applicant had demonstrated resolution of neurogenic symptoms following earlier nerve decompression surgery. It did not appear, thus, that the applicant had active complaints of neuropathic pain for which introduction of Lidoderm patches would have been indicated, nor was there any mention of the applicant's having first failed antidepressant adjuvant medications or anticonvulsant adjuvant medications on the date of the request, August 11, 2015. Therefore, the request is not medically necessary.