

<b>Case Number:</b>	CM15-0064405		
<b>Date Assigned:</b>	04/10/2015	<b>Date of Injury:</b>	04/24/2013
<b>Decision Date:</b>	05/21/2015	<b>UR Denial Date:</b>	03/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/06/2015

### 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

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 is a 50 year old female, who sustained an industrial injury on 4/24/2013. She reported right arm and hand pain. The injured worker was diagnosed as having forearm joint pain, hand joint pain, and brachial neuritis or radiculitis, carpal tunnel syndrome, and tenosynovitis of hand and wrist. Treatment to date has included medications, physical therapy, carpal tunnel release, and urine drug testing. The request is for Lidocaine gel. On 3/9/2015, she complained of continued hand pain. She rated her pain as 4/10. The treatment plan included: Anaprox, and Lidocaine gel. The records indicate she had range of motion improvement with physical therapy. The records indicate Lidocaine gel to be prescribed to help with daytime pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LIDOCAINE GEL 30ML 2 REFILLS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medications, pages 111- 113.

**Decision rationale:** Chronic symptoms and clinical findings remain unchanged with medication refilled. The patient exhibits diffuse tenderness and pain on the exam to the spine and extremities with radiating symptoms. The chance of any type of topical improving generalized symptoms and functionality significantly with such diffuse pain is very unlikely. Topical Lidocaine is indicated for post-herpetic neuralgia, according to the manufacturer. There is no evidence in any of the medical records that this patient has a neuropathic source for the diffuse pain. Without documentation of clear localized, peripheral pain to support treatment with Lidocaine along with functional benefit from treatment already rendered, medical necessity has not been established. There is no documentation of intolerance to oral medication as the patient is also on other oral analgesics. The LIDOCAINE GEL 30ML 2 REFILLS is not medically necessary and appropriate.