

<b>Case Number:</b>	CM15-0069544		
<b>Date Assigned:</b>	04/17/2015	<b>Date of Injury:</b>	08/01/2012
<b>Decision Date:</b>	06/10/2015	<b>UR Denial Date:</b>	03/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/13/2015

### 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: New York, Pennsylvania, Washington

Certification(s)/Specialty: Internal Medicine, Geriatric 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 65 year old female, who sustained an industrial injury on 8/1/2012. Diagnoses have included triangular fibrocartilage synovitis, pisotriquetral arthritis, intervertebral disc disorder and cervicalgia. Treatment to date has included heat/ice, physical therapy, home exercise program and medication. Per the progress report dated 3/12/2015, the injured worker had acute tenderness with very minimal swelling and no palpable crepitus of the distal, radial ulnar joint and of the fovea. There was moderate tenderness of the pisotriquetral joint. According to the progress report dated 3/16/2015, the injured worker complained of cervical spine pain and headaches. She reported that her speech had been slurred and that walking increased pain. Current medications included Lidocaine adhesive patch to the right wrist. Exam of the cervical spine revealed stiffness and slight paravertebral muscle spasm/tenderness. Authorization was requested for Lidoderm patches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm patches 5% 1 box:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 56-57 and 112.

**Decision rationale:** This injured worker has chronic pain with an injury sustained in 2012. Per the guidelines, 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). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Lidoderm is FDA approved only for post-herpetic neuralgia and the worker does not have that diagnosis. The medical records do not support medical necessity for the prescription of Lidoderm in this injured worker. The request is not medically necessary.