

<b>Case Number:</b>	CM15-0071815		
<b>Date Assigned:</b>	04/22/2015	<b>Date of Injury:</b>	08/18/2010
<b>Decision Date:</b>	05/22/2015	<b>UR Denial Date:</b>	03/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/15/2015

### 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, North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 68 year old female who sustained an industrial injury on 8/18/2010. Her diagnoses, and/or impressions, included: carpal tunnel syndrome, status-post release; disorder of the cervical spine; cervicalgia; degenerative arthritis of the cervical spine; acromioclavicular joint degeneration of the right shoulder; bilateral carpal tunnel syndrome; and degenerative arthritis of the lumbar spine with disc degeneration. No current magnetic resonance imaging studies are noted. Her treatments have included an agreed medical evaluation on 3/21/2012; physical therapy; modified work duties; and medication management. Progress notes of 2/10/2015 reported mild, intermittent, bilateral wrist pain that is improving; and constant, moderate-severe cervical spine pain, aggravated by repetitive motions of the neck, radiates into the upper extremities, and is associated with headaches and tension between the shoulders. The physician's requests for treatments were noted to include Lidoderm/Lidocaine patches for carpal tunnel syndrome.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm lidocaine patch 5% #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine Indications, Topical Analgesics Page(s): 56-57, 111-112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112, 56-57.

**Decision rationale:** The request is for topical Lidoderm patches 5% for carpal tunnel syndrome. MTUS guidelines state that topical analgesics are primarily recommended for neuropathic pain when trials of first-line agents such as antidepressants and anticonvulsants have failed. There is no evidence in this case that first-line treatments have been tried and failed. Therefore the request for Lidoderm patches is deemed not medically necessary or appropriate.