

<b>Case Number:</b>	CM15-0071893		
<b>Date Assigned:</b>	04/22/2015	<b>Date of Injury:</b>	08/29/2011
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	04/10/2015
<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, 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:

This 39 year old female sustained an industrial injury to bilateral upper extremities and neck on 8/29/11. Previous treatment included magnetic resonance imaging, electromyography, injections, physical therapy, chiropractic therapy, transcutaneous electrical nerve stimulator unit, hot/cold, home exercise and medications. In a PR-2 dated 4/8/15, the injured worker complained of pain 7-8/10 on the visual analog scale to the neck and shoulder region. The injured worker reported that heat, rest and Lidocaine patch improved her pain. The injured worker reported a recent flare-up in symptoms due to poor ergonomics at her workstation. Current diagnoses included carpal tunnel syndrome and epicondylitis. The treatment plan included refills for transcutaneous electrical nerve stimulator unit supplies and a prescription for Lido Flex patches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lido Flex Pain Patches refill for 30 day supply:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112 of 127.

**Decision rationale:** Regarding request for topical lido flex, 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, the requesting physician has identified subjective complaints and objective findings consistent with a diagnosis of localized peripheral pain. Additionally, the patient has been on an antiepileptic drug, considered to be first-line agents for the treatment of neuropathic pain. Finally, the requesting physician has identified that the current pain regimen improves the patient's pain and function. It is acknowledged that the documentation is unclear in regards to how much pain relief and functional improvement are directly attributed to the Lidoderm, though there is documentation of decreased use of the chiropractors office for several months. A one-month prescription of this medication should be sufficient to allow the requesting physician time to document that better. As such, the currently requested Lido flex is medically necessary.