

<b>Case Number:</b>	CM15-0078711		
<b>Date Assigned:</b>	04/29/2015	<b>Date of Injury:</b>	08/16/2012
<b>Decision Date:</b>	05/29/2015	<b>UR Denial Date:</b>	04/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2015

### 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: 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 injured worker is a 36 year old female, who sustained an industrial injury on 8/16/12. She reported a pain in left thumb to wrist. The injured worker was diagnosed as having bilateral shoulder impingement, bilateral elbow tendinitis and bilateral wrist tendinitis. Treatment to date has included physical therapy, activity restrictions, left wrist arthroscopy and topical patches. Currently, the injured worker complains of bilateral shoulder, elbow and wrist pain. The injured worker states physical therapy worsened the pain. Physical exam noted spasm and tenderness over the paravertebral musculature, upper trapezium and intrascapular area with positive bilateral impingement signs and tenderness was noted over the lateral and medial epicondyles bilaterally. A request for authorization was submitted for retro usage of Lidocaine 5% patch.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Lidocaine 5% patch (DOS 3-9-15): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

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

**Decision rationale:** The MTUS recommends lidocaine patches only 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). Lidocaine is currently not recommended for a non-neuropathic pain. There is only one trial that tested 4% lidocaine for treatment of chronic muscle pain. The results showed there was no superiority over placebo. Retrospective request for Lidocaine 5% patch is not medically necessary.