

<b>Case Number:</b>	CM15-0099932		
<b>Date Assigned:</b>	06/02/2015	<b>Date of Injury:</b>	12/06/1998
<b>Decision Date:</b>	06/30/2015	<b>UR Denial Date:</b>	05/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2015

### 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 Jersey, New York  
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 56 year old female who sustained an industrial injury on 12/06/1998. The injured worker was diagnosed with cervicgia and trigger finger. Treatment to date includes surgery, shoulder injections, mobilization and desensitization instructions for left hand and medications. The injured worker underwent left thumb and little finger A-1 pulley release in October 2014. According to the primary treating physician's progress report on April 29, 2015, the injured worker was evaluated for right shoulder, right wrist and left hand. There was no further triggering in the left little finger or thumb however, the right index finger was beginning to trigger. Current medications are listed as Norco, Cyclobenzaprine, Naproxen, Omeprazole and Lidocaine Patches. Treatment plan consists of the current request for Lidocaine 5% Patches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidocaine patches 5% #30:** Upheld

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

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

**Decision rationale:** The request is not medically necessary. According to MTUS guidelines, Lidoderm is not first line treatment and is only FDA approved for post-herpetic neuralgia. More research is needed to recommend it for chronic neuropathic pain other than post-herpetic neuralgia. The patient has not been prescribed first-line therapy for neuralgia. However, the patient does even not have documented neuropathic exam findings or diagnosis. Therefore, the request is not medically necessary.